

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003927

1. Entity Name

HOSPICE INTEGRATED HEALTH SERVICES OF FLORIDA, I

06-05-2000 90006 016 ***61.25

N95000003927

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117	Mailing Address 10065 RED RUN BOULEVARD OWINGS MILLS MD 21152-8390
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2. Principal Place of Business 910 RIDGEBROOK ROAD Suite, Apt. #, etc.	3. Mailing Address 910 RIDGEBROOK ROAD Suite, Apt. #, etc.
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City, State SPARKS, MD 21152	City, State SPARKS, MD 21152
Zip Country	Zip Country

4. FEI Number 52-1939710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
National Corporate Research, LTD. Inc.
Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street, Suite #2
City
Tallahassee FL Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *John Morrissey* John Morrissey, Asst. Vice President April 25, 2000
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, TAYLOR 10065 RED RUN BLVD. OWINGS MILLS MD 21117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO, MARK L 10065 RED RUN BLVD. OWINGS MILLS MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MILLS MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL A 10065 RED RUN BLVD. OWINGS MILLS MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Fulchino* Mark Fulchino 4/23/00 (4/10) 773-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #