

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000003927****1. Entity Name****HOSPICE INTEGRATED HEALTH SERVICES OF FLORIDA, INC.****Principal Place of Business**

910 RIDGEBROOK ROAD

SPARKS

21152

MD

**Mailing Address**

910 RIDGEBROOK ROAD

SPARKS

21152

MD

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****52-1939710**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

NATIONAL CORPORATE RESEARCH, LTD., INC.

1406 HAYS STREET, SUITE #2

TALLAHASSEE

32301

US

FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

**03/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ELKINS MARSHALL A	910 RIDGEBROOK ROAD	SPARKS MD 21152				
T	STEPHENSON ROBERT	910 RIDGEBROOK ROAD	SPARKS MD 21152				
SD	LEVIN MARC B	910 RIDGEBROOK ROAD	SPARKS MD 21152				
V	FULCHINO MARK L	910 RIDGEBROOK ROAD	SPARKS MD 21152				
P	PICKETT TAYLOR	910 RIDGEBROOK ROAD	SPARKS MD 21152				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

VP

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)