

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000734****1. Entity Name**  
HOSPICE INTEGRATED HEALTH SERVICES OF DISTRICT VII-B,  
INC.

<b>Principal Place of Business</b> 910 RIDGEBROOK ROAD  SPARKS GLENCOE MD 21152	<b>Mailing Address</b> 910 RIDGEBROOK ROAD  SPARKS GLENCOE MD 21152
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**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> <b>52-1963927</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**NATIONAL CORPORATE RESEARCH, LTD INC.  
1406 HAYS STREET STE # 2TALLAHASSEE FL  
32301 US

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** **03/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State**

<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STEPHENSON ROBERT</b>	<b>TITLE</b>	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	<b>STEPHENSON ROBERT</b>
<b>STREET ADDRESS</b>	<b>10065 RED RUN BLVD</b>	<b>CITY-ST-ZIP</b>	<b>OWINGS MILLS MD 21117</b>	<b>STREET ADDRESS</b>	<b>910 RIDGEBROOK ROAD</b>	<b>CITY-ST-ZIP</b>	<b>SPARKS MD 21152</b>
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>FULCHINO MARK</b>	<b>TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	<b>FULCHINO MARK</b>
<b>STREET ADDRESS</b>	<b>10065 RED RUN BLVD</b>	<b>CITY-ST-ZIP</b>	<b>OWINGS MILLS MD 21117</b>	<b>STREET ADDRESS</b>	<b>910 RIDGEBROOK ROAD</b>	<b>CITY-ST-ZIP</b>	<b>SPARKS MD 21152</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>ELKINS MARSHALL</b>	<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	<b>ELKINS MARSHALL</b>
<b>STREET ADDRESS</b>	<b>% 10065 RED RUN BLVD.</b>	<b>CITY-ST-ZIP</b>	<b>OWINGS MILLS MD 21117</b>	<b>STREET ADDRESS</b>	<b>910 RIDGEBROOK ROAD</b>	<b>CITY-ST-ZIP</b>	<b>SPARKS MD 21152</b>
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>LEVIN MARC</b>	<b>TITLE</b>	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	<b>LEVIN MARC</b>
<b>STREET ADDRESS</b>	<b>% 10065 RED RUN BLVD.</b>	<b>CITY-ST-ZIP</b>	<b>OWINGS MILLS MD</b>	<b>STREET ADDRESS</b>	<b>910 RIDGEBROOK ROAD</b>	<b>CITY-ST-ZIP</b>	<b>SPARKS MD 21152</b>
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>PICKETT TAYLOR</b>	<b>TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	<b>PICKETT TAYLOR</b>
<b>STREET ADDRESS</b>	<b>% 10065 RED RUN BLVD.</b>	<b>CITY-ST-ZIP</b>	<b>OWINGS MILLS MD 21117</b>	<b>STREET ADDRESS</b>	<b>910 RIDGEBROOK ROAD</b>	<b>CITY-ST-ZIP</b>	<b>SPARKS MD 21152</b>
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	

**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 03/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)