

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000749 (9)**

1. Corporation Name

**HOSPICE INTERGRATED HEALTH SERVICES OF DISTRICT
I, INC.**

Principal Place of Business

Mailing Address

**10065 RED RUN BLVD.
OWINGS MILLS MD 21117****10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827**

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETENAME **CIRKA, LAWRENCE**
STREET ADDRESS **% 3600 N. FEDERAL HIGHWAY 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE **D** ☐ DELETENAME **LEVIN, MARC**
STREET ADDRESS **% 3600 N. FEDERAL HIGHWAY 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE **D** ☐ DELETENAME **ELKINS, MARSHALL**
STREET ADDRESS **% 3600 N. FEDERAL HIGHWAY 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD☒ Change ☐ Addition**10065 Red Run Blvd****Owings Mills MD 21117****Sh**☒ Change ☐ Addition**10065 Red Run Blvd.****Owings Mills MD 21117**☒ Change ☐ Addition**10065 Red Run Blvd.****Owings Mills MD 21117**☒ Change ☐ Addition**10065 Red Run Blvd.****Owings Mills MD 21117**☒ Change ☐ Addition**Fulchma, Mark****10065 Red Run Blvd.****Owings Mills MD 21117**☒ Change ☐ Addition**Bennett, Bradley****10065 Red Run Blvd.****Owings Mills MD 21117**☒ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark Fulchma*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

(410) 998-8528

Date Daytime Phone # 0075648

CR2E037 (9/96)