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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000749

1. Corporation Name

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

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/12/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 PD
NAME ELKINS, ROBERT N
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD ☒ DELETE

1.1 TITLE P
1.2 NAME Taylor Pickett
1.3 STREET ADDRESS 10065 Red Run Blvd
1.4 CITY-ST-ZIP Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE SD
NAME LEVIN, MARC
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD ☐ DELETE

2.1 TITLE T
2.2 NAME Robert Stephenson
2.3 STREET ADDRESS 10065 Red Run Blvd
2.4 CITY-ST-ZIP Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME FULCHINO, MARK
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME BENNETT, BRADLEY
STREET ADDRESS 10065 RED RUN BLVD
CITY-ST-ZIP OWINGS MILLS MD ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Mark Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

410-998-8578
Daytime Phone #

CR2E037 (1/98)