

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000749****1. Entity Name**
HOSPICE INTERGRATED HEALTH SERVICES OF DISTRICT I, INC**Principal Place of Business**
910 RIDGEBROOK RD
SPARKS GLENCOE MD 21152
Mailing Address
910 RIDGEBROOK RD
SPARKS GLENCOE MD 21152**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
Zip Country
4. FEI Number
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH LTD INC.
1406 HAYS STREET STE #2
TALLAHASSEE FL 32301 US
7. Name and Address of New Registered Agent
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 ☐ **\$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
T	STEPHENSON ROBERT	910 RIDGEBROOK RD	SPARKS GLENCOE MD 21152				
V	FULCHINO MARK	910 RIDGEBROOK RD	SPARKS GLENCOE MD 21152				
D	ELKINS MARSHALL	910 RIDGEBROOK RD	SPARKS GLENCOE MD 21152				
SD	LEVIN MARC	910 RIDGEBROOK RD	SPARKS GLENCOE MD 21152				
P	PICKETT TAYLOR	910 RIDGEBROOK RD	SPARKS GLENCOE 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

CR2E037 (11/00)