

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000749

FILED
Apr 11, 2003
Secretary of State

Entity Name: HOSPICE INTERGRATED HEALTH SERVICES OF DISTRICT I, INC.

Current Principal Place of Business:

910 RIDGEBROOK RD
SPARKS GLENCOE, MD 21152

New Principal Place of Business:

Current Mailing Address:

910 RIDGEBROOK RD
SPARKS GLENCOE, MD 21152

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELLER, JOHN
Address: 910 RIDGEBROOK RD
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: S () Delete
Name: LORD, RONALD
Address: 910 RIDGEBROOK RD
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: D () Delete
Name: BENNETT, BRADLEY
Address: 910 RIDGEBROOK RD
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: VP () Delete
Name: FULCHINO, MARK
Address: 910 RIDGEBROOK RD
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: T () Delete
Name: BOX, MATTHEW
Address: 910 RIDGEBROOK RD
City-St-Zip: SPARKS GLENCOE, MD 21152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WARLOW, MELISSA
Address: 910 RIDGEBROOK RD
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WARLOW

VP

04/11/2003

Electronic Signature of Signing Officer or Director

Date