

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90287 004 \*2,400.00

DOCUMENT # P06416

1. Corporation Name

SYMPHONY HOME CARE SERVICES NO. 4, INC.

Principal Place of Business

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117  
US

Mailing Address

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1985

4. FEI Number

75-2037404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2650 N. Military Trail

2a. Mailing Address

26 2714 Union Ave. Extd.

Suite, Apt. #, etc.

22 Suite 240

Suite, Apt. #, etc.

27

City & State

23 Boca Raton, FL

City & State

28 Memphis, TN

Zip

24 33431

Country

25 USA

Zip

29 38112

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE PD ☐ DELETE

NAME ELKINS, ROBERT N

STREET ADDRESS 10065 RED RUN BLVD.

CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE VD ☐ DELETE

NAME ELKINS, MARSHALL A.

STREET ADDRESS 10065 RED RUN BLVD.

CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE SD ☐ DELETE

NAME LEVIN, MARC

STREET ADDRESS 10065 RED RUN BLVD.

CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE V ☒ DELETE

NAME FULCHINO, MARK

STREET ADDRESS 10065 RED RUN BLVD.

CITY-ST-ZIP OWING MILLS FL 21117

TITLE T ☒ DELETE

NAME BENNETT, BRADLEY

STREET ADDRESS 10065 RED RUN BLVD

CITY-ST-ZIP OWINGS MILLS MD

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, Chief Executive Officer ☒ Change ☐ Addition

1.2 NAME Stephen H. Winters

1.3 STREET ADDRESS 2714 Union Ave. Extd.

1.4 CITY-ST-ZIP Memphis, TN 38112

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME John R. Koch

2.3 STREET ADDRESS 2714 Union Ave. Extd.

2.4 CITY-ST-ZIP Memphis, TN 38112

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME Michael J. Boling

3.3 STREET ADDRESS 2714 Union Ave. Extd.

3.4 CITY-ST-ZIP Memphis, TN 38112

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Koch

4/28/99

Date

901-454-2484

Daytime Phone #

CR2E034 (1/98)