

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16780

1. Entity Name

INTEGRATED HEALTH SERVICES DEVELOPMENT, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90039 035 \*\*\*150.00

Principal Place of Business

Mailing Address

RED RUN BLVD  
MILLS MD 21117

10065 RED RUN BLVD  
OWINGS MILLS MD 21152-9390  
US

2. Principal Place of Business

910 RIDGEBROOK ROAD

3. Mailing Address

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State, Zip  
SPARKS, MD 21152

City, State, Zip  
SPARKS, MD 21152

4. FEI Number  
23-2428312

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
National Corporate Research, LTD. Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1406 Hays Street, Suite #2  
City Tallahassee FL Zip Code 32301

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  John Morrissey, Asst. Vice President April 25, 2000

Signature, typed or printed name of registered agent and the date

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO, MARK 10065 RED RUN BLVD OWINGS MILLS MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, TAYLOR 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BLVD OWINGS MILLS MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL A 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)