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

DOCUMENT # P22316

1. Corporation Name

CMS THERAPIES, INC.

						- I INNIINNI IIN IINI IINNI IIINI III	Sta altı bişir s	INIA MINITI MINIA	
Principal Place	e of Business	Mailing Address							
10065 RED RUN	N BLVD.	10065 RED RUN BLVD.							
OWINGS MILLS	MD 21117	OWINGS MILLS MD 21117				DO NOT WOITE IN THE CRACE			
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						12/28/1988		<u></u> -	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26	26		56-1634978		N N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75	Additional	
22		27			5. Certificate of Status Desired		Fee R	equired	
City & State	e	City & State			6. Election Campaign Financing S5.00 May Be			May Be	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	rent year Int	angible	
24	25 29 3					Personal Property Tax.	•	☐ Yes	□No
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New I	Registered	Agent	ĺ
	5. Italia dia radioso si varioni			81	Name		- , ,		
ст о	ORPORATION SYSTEM								
1200 S. PINE ISLAND ROAD			ſ	82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			1	-			··-		
FLAI	TATION FE 33324		1	83					
			ŀ	84	City			85 Zip	Code
]		•		FL	.	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the ab	ove-	named corpor	ration submits this statement for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	honzed	by tr	ne corporation	i's board of directors. I hereby acce	pt the appoi	ntment as r	egistered
agent. rai	m lamiliai willi, and accept the obligat	10115 01, 36611011 007.0303, 1 10116	za Otato	103,					ļ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: 5	enistered /	Agent :	signature required	when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECT	ORS IN 12
TITLE	PD	DELETE	1,1 TITI	1F	₽.		-	☐ Change	Addition
	CIRKA, LAWRENCE P	,	1.2 NA		161	11or Pickett			
NAME .						65 Red Run Blv	d		
STREET ADORESS			1.3 STREET ADDRESS IO		ODRESS 100	inches with the same of			
CITY-ST-ZIP		WINGS MILLS MD 21117				inasmills mb s	<u> </u>	Change	V-0 4 4 4 5 5 5 5
TITLE	V	☐ DELETÉ	2.1 TITI	ιE	T.				
NAME	FULCHINO, MARK L							□ Onlange	Addition
STREET ADDRESS	10065 RED RUN BLVD.		2.2 NA		Hot	pert Stephenson)	onenge	⊠ T∀agation
CITY-ST-ZIP	OWINGS MILLS MD 21117				ADDRESS (600))	Onunge	PST Addition
TITLE	OTTHIOD MILED MID LITT			REET A	ADDRESS 1000	pert Stephenson US Red Run Blvd			Maria Addition
111100	SD SD	☐ DELETE	2.3 STF	REET A	ADDRESS 1000	pert Stephenson		Change	Addition
	SD	☐ DELETE	2.3 STF 2. 4 CIT	REET A TY-SY- LE	ADDRESS 1000	pert Stephenson US Red Run Blvd			
NAME	SD LEVIN, MARC B	☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	REET A TY-SY- LE ME	ADDRESS (OO)	pert Stephenson US Red Run Blvd			
NAME STREET ADDRESS	SD LEVIN, MARC B 10065 RED RUN BLVD.	☐ DELETE	2.3 STF 2.4 CTT 3.1 TTTT 3.2 NAI 3.3 STF	REET A TY-SY- LE ME REET A	ADDRESS (CO) ADDRESS	pert Stephenson US Red Run Blvd			
NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B	_	2.3 STF 2.4 CT 3.1 TTT 3.2 NAI 3.3 STF 3.4. CT	REET A TY-SY- LE ME REET A TY-ST-	ADDRESS (CO) ADDRESS	pert Stephenson US Red Run Blvd		☐ Change	☐ Addition ⁶
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T	□ DELETE	2.3 STF 2. 4 CH 3.1 TIII 3.2 NAI 3.3 STF 3.4. CH 4.1 TIII	REET A TY-SY- LE ME REET A TY-ST- LE	ADDRESS (CO) ADDRESS	pert Stephenson US Red Run Blvd			
NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T BENNETT, W. BRADLEY	_	2.3 STF 2.4 CM 3.1 TITM 3.2 NAV 3.3 STF 3.4 CM 4.1 TITM 4.2 NAV	REET A TY-SY- LE ME REET A TY-ST- LE	ADDRESS COM ADDRESS -ZIP	pert Stephenson US Red Run Blvd		☐ Change	☐ Addition ⁶
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T BENNETT, W. BRADLEY 10065 RED RUN BLVD.	_	2.3 STF 2.4 CM 3.1 TITM 3.2 NAV 3.3 STF 3.4 CM 4.1 TITM 4.2 NAV	REET A TY-SY- LE ME REET A TY-ST- LE	ADDRESS (CO) ADDRESS	pert Stephenson US Red Run Blvd		☐ Change	☐ Addition ⁶
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T BENNETT, W. BRADLEY	₹ Д ре L ETE	2.3 STF 2.4 CM 3.1 TITM 3.2 NAV 3.3 STF 3.4 CM 4.1 TITM 4.2 NAV	REET A TY-SY- LE ME REET A TY-ST- LE AME REET A	ADDRESS ADDRESS ADDRESS	pert Stephenson US Red Run Blvd		☐ Change	Addition •
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T BENNETT, W. BRADLEY 10065 RED RUN BLVD.	_	2.3 STF 2.4 CII 3.1 TIII 3.2 NAI 3.3 STF 3.4 CII 4.1 TIII 4.2 NAI 4.3 STF	REET A TY-SY- LE ME REET A TY-ST- LE ME REET A	ADDRESS ADDRESS ADDRESS	pert Stephenson US Red Run Blvd		☐ Change	☐ Addition ⁶
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T BENNETT, W. BRADLEY 10065 RED RUN BLVD. OWINGS MILLS MD 21117	₹ Д ре L ETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4. CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT	REET A TY-SY- LE ME REET A TY-ST- LE REET A TY-ST- LE LE	ADDRESS ADDRESS ADDRESS	pert Stephenson US Red Run Blvd		☐ Change	Addition •
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117 T BENNETT, W. BRADLEY 10065 RED RUN BLVD. OWINGS MILLS MD 21117 D	₹ Д ре L ETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	TY-ST- LE ME REET A TY-ST- LE AME REET A ME REET A ME REET A ME ME	ADDRESS ADDRESS ADDRESS	pert Stephenson US Red Run Blvd		☐ 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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

May 03, 1999 8:00 am Secretary of State

05-03-1999 90098 031 ***150.00

Change

☐ Addition