

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22316

1. Entity Name

SUCCESSCARE, INC.

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

05-24-2000 90040 020 \*\*\*150.00

Principal Place of Business	Mailing Address
RED RUN BLVD. MILLS MD 21117	10065 RED RUN BLVD. OWINGS MILLS MD 21117-4827 US

2. Principal Place of Business	3. Mailing Address
910 RIDGEBROOK ROAD	910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

City, State, Zip

Country

4. FEI Number 56-1634978

Applied For  
Not Applicable

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

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: Mark Fulchino 4/23/00 (40) 773-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #