

DOCUMENT # P36088

1. Entity Name

SYMPHONY REHABILITATION SERVICES NO. 4, INC.

05-24-2000 90040 005 \*\*\*150.00  
P36088

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US10065 RED RUN BLVD  
SUITE 350  
OWINGS MILLS MD 21117-4827  
US2. Principal Place of Business  
910 RIDGEBROOK ROAD3. Mailing Address  
910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State, Zip  
SPARKS, MD 21152City, State, Zip  
SPARKS, MD 211524. FEI Number  
35-1682425

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

7. Name and Address of Non-Registered Agent

Name  
*National Corporate Research, LTD Inc.*  
Street Address (P.O. Box Number is Not Acceptable)*1406 Hays Street, Suite #2*  
*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 *[Signature]* John Morrissey, Asst. Vice President April 25, 2000

Signature, typed or printed name of registered agent and officer, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISBERG, SALLY 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL A 10065 RED RUN BOULEVARD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BOULEVARD OWINGS MILLS MD	<input type="checkbox"/> Delete
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	T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (3/99)

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mark Fulchino 4/23/00 (410) 773-1000*