

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P39428** (8)  
1. Corporation Name  
**SYMPHONY DIAGNOSTIC SERVICES NO. 1, INC.**

Principal Place of Business  
**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

Mailing Address  
**10065 RED RUN BLVD  
SUITE 200  
OWINGS MILL MD 21117  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/26/1992**

4. FEI Number

**95-3268980**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **CIRKA, LAWRENCE P**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILL MD**  
☒ DELETE

TITLE **T**  
NAME **BENNETT, BRADLEY**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILLS MD**  
☐ DELETE

TITLE **SD**  
NAME **LEVIN, MARC B**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILL MD**  
☐ DELETE

TITLE **V**  
NAME **FULCHINO, MARK**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILL MD**  
☐ DELETE

TITLE **VD**  
NAME **ELKINS, MARSHALL A**  
STREET ADDRESS **10065 RED RUN BLVD**  
CITY-ST-ZIP **OWINGS MILL MD**  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**  
1.2 NAME **ROBERT N ELKINS**  
1.3 STREET ADDRESS **Integrated Health Services, Inc**  
1.4 CITY-ST-ZIP **10065 Red Run Blvd.  
Owings Mills, MD 21117**  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ 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.

CR2E034 (10/97)