

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39428

1. Entity 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

2. Principal Place of Business

910 Ridgebrook Rd

3. Mailing Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sparks MD

City & State

Sparks MD

Zip

21152

Country

Zip

21152

Country

4. FEI Number

95-3268980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE #2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BLVD OWINGS MILL MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO, MARK 10065 RED RUN BLVD OWINGS MILL MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELKINS, MARSHALL A 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address only 910 Ridgebrook Rd Sparks, MD 21152
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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:

Mark Fulchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00

Date

(410) 773-1000

Daytime Phone #

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90002 041 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)