

2000 UNIFORM BUSINESS REPORT (UBR)

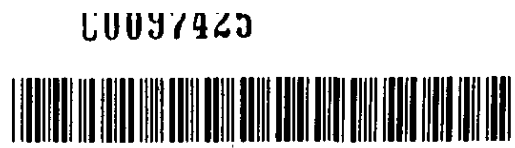
FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90039 003 ***150.00

DOCUMENT # P93000055729

1. Entity Name
CENTRAL PARK LODGE OF JACKSONVILLE, INC.

Principal Place of Business RED RUN BLVD OWINGS MILLS MD 21117	Mailing Address 10065 RED RUN BLVD OWINGS MILLS MD 21117-4827 US
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2. Principal Place of Business 910 RIDGEBROOK ROAD	3. Mailing Address 910 RIDGEBROOK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SPARKS, MD 21152	City & State SPARKS, MD 21152
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYS 1200 SO PINE ISL RD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name: National Corporate Research, LTD, Inc. Street Address (P.O. Box Number is Not Acceptable): 1406 Hays Street, Suite #2 City: Tallahassee FL Zip Code: 32301
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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* **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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 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 P PICKETT, TAYLOR 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	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 T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	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 S LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD 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 D ELKINS, MARSHALL A 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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* **Mark Fulchino** **4/23/00 (410) 773-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)