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FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000055874 (0)

1. Corporation Name

INTEGRATED HEALTH SERVICES HOME INFUSION, INC.



Principal Place of Business

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BLVD
OWINGS MILLS MD 21117-4827
US

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

03/06/1996

4. FEI Number

52-1936354

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYS
1200 SO PINE ISL 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 registrant, and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FULCHINO, MARK
10065 RED RUN BLVD
OWINGS MILLS MD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CIRKA, LAWRENCE P
10065 RED RUN BLVD
OWINGS MILLS MD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
CAHILL, DENNIS A
10065 RED RUN BLVD
OWINGS MILLS MD

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LEVIN, MARC B
10065 RED RUN BLVD
OWINGS MILLS MD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
ELKINS, MARSHALL A
10065 RED RUN BLVD
OWINGS MILLS MD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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***4950.00

Bennett Bradley
INTEGRATED HEALTH SERVICES, INC.
10065 RED RUN BLVD.
OWINGS MILLS MD 21117

VB 314

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, 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.

SIGNATURE: Mark Fulchino, Mark Fulchino, 1/2/97, 1/11/98-PS78

CR2E034 (9/96)