

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086739

05-24-2000 90040 014 \*\*\*150.00  
P95000086739

1. Entity Name

IHS OF DANA, INC.

FILED

00 AUG -8 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RED RUN BLVD  
OWINGS MILLS MD 21117

10065 RED RUN BLVD  
OWINGS MILLS MD 21117-4827

2. Principal Place of Business

3. Mailing Address

910 RIDGEBROOK ROAD

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SPARKS, MD 21152

SPARKS, MD 21152

4. FEI Number 58-2344669

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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*

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, 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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, MARSHALL	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SO	<input type="checkbox"/> Delete
NAME	LEVIN, MARK	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	P	<input type="checkbox"/> Delete
NAME	PICKETT, TAYLOR	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON, ROBERT	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/99)

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* RETURN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

SP