

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90009 011 \*\*\*150.00

DOCUMENT # P96000080009

1. Corporation Name

SOUTH FLORIDA PHYSICIAN PRACTICE NO. 2, INC.

Principal Place of Business

Mailing Address

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117

10065 RED RUN BLVD.  
OWINGS MILLS MD 21117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

52-2061377

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |  |  |
|----------------|--|--|
| TITLE          | P  | <input checked="" type="checkbox"/> DELETE |
| NAME           | ELKINS, ROBERT N                         |  |
| STREET ADDRESS | INTERGRATED HLTH SVCS INC, 10065 RED RUN |  |
| CITY-ST-ZIP    | OWNINGS MILLS MD 21117                   |  |
| TITLE          | D  | <input type="checkbox"/> DELETE            |
| NAME           | LEVIN, MARC B                            |  |
| STREET ADDRESS | 10065 RED RUN BLVD.                      |  |
| CITY-ST-ZIP    | OWNINGS MILLS MD 21117                   |  |
| TITLE          | D  | <input type="checkbox"/> DELETE            |
| NAME           | ELKINS, MARSHALL A                       |  |
| STREET ADDRESS | 10065 RED RUN BLVD.                      |  |
| CITY-ST-ZIP    | OWNINGS 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 checked="" type="checkbox"/> DELETE |
| NAME           | BENNETT, BRADLEY                         |  |
| STREET ADDRESS | 10065 RED RUN BLVD.                      |  |
| CITY-ST-ZIP    | OWINGS MILLS MD 21117                    |  |
| TITLE          |  | <input type="checkbox"/> DELETE            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | P                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Taylor Pickett        |  |
| 1.3 STREET ADDRESS | 10065 Red Run Blvd    |  |
| 1.4 CITY-ST-ZIP    | OWINGS MILLS MD 21117 |  |
| 2.1 TITLE          | S/D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | MARC B. LEVIN         |  |
| 2.3 STREET ADDRESS | 10065 Red Run Blvd    |  |
| 2.4 CITY-ST-ZIP    | OWINGS MILLS MD 21117 |  |
| 3.1 TITLE          | T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Robert Stephenson     |  |
| 3.3 STREET ADDRESS | 10065 Red Run Blvd    |  |
| 3.4 CITY-ST-ZIP    | OWINGS MILLS MD 21117 |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |  |
| 4.3 STREET ADDRESS |                       |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                       |  |
| 6.3 STREET ADDRESS |                       |  |
| 6.4 CITY-ST-ZIP    |                       |  |

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, with all other like empowered.

SIGNATURE: Mark Fulchino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99  
Date

410-998-8578  
Daytime Phone #

CR2E034 (11/98)