

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080009

1. Entity Name

SOUTH FLORIDA PHYSICIAN PRACTICE NO. 2, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90094 016 \*\*\*550.00

Principal Place of Business

10065 RED RUN BLVD.  
 OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.  
 OWINGS MILLS MD 21117

2. Principal Place of Business

910 Ridgebrook Rd

Suite, Apt. #, etc.

3. Mailing Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks, MD

City & State

Sparks, MD

4. FEI Number

52-2061377

Applied For

Not Applicable

Zip

21152

Country

Zip

21152

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

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

National Corporate Research, LTD

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

1406 Hays Street Suite #2

City

Tallahassee

FL

Zip Code

32304

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.

National Corporate Research, LTD

John L. Morrissey, Assistant Vice President

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME PICKETT, TAYLOR  
 STREET ADDRESS 10065 RED RUN BLVD  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME ☒ in  
 STREET ADDRESS address  
 CITY-ST-ZIP only  
 910 Ridgebrook Rd  
 Sparks, MD 21152

TITLE SD ☐ Delete  
 NAME LEVIN, MARC B  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME ☒ in  
 STREET ADDRESS address  
 CITY-ST-ZIP only  
 910 Ridgebrook Rd  
 Sparks, MD 21152

TITLE D ☐ Delete  
 NAME ELKINS, MARSHALL A  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME ☒ in  
 STREET ADDRESS address  
 CITY-ST-ZIP only  
 910 Ridgebrook Rd  
 Sparks, MD 21152

TITLE V ☐ Delete  
 NAME FULCHINO, MARK  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME ☒ in  
 STREET ADDRESS address  
 CITY-ST-ZIP only  
 910 Ridgebrook Rd  
 Sparks MD 21152

TITLE T ☐ Delete  
 NAME STEPHENSON, ROBERT  
 STREET ADDRESS 10065 RED RUN BLVD.  
 CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☒ Change ☐ Addition  
 NAME ☒ in  
 STREET ADDRESS address  
 CITY-ST-ZIP only  
 910 Ridge

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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) 773-7800  
 Daytime Phone #

CR2E034 (5/00)