

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056027

1. Entity Name

QUALITY PROVIDERS, INC.

05-24-2000 90039 033 ***150.00
P97000056027

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

910 RIDGEBROOK RD
SPARKS MD 21152
US

10065 RED RUN BLVD
OWNING MILLS MD 21117-4827

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

4. FEI Number
52-2107148

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
Tallahassee FL 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
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, TAYLOR 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULCHINO, MARK L 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, ROBERT 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL A 910 RIDGEBROOK RD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SP

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 4/23/00 (470) 773-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)