2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000031422 Jul 06, 2000 8:00 am **Secretary of State** IHS OF FLORIDA NO. 5, INC. 05-24-2000 90038 035 ***150.00 Mailing Address Principal Place of Business RED RUN BLVD. 10065 RED RUN BLVD. MILLS MD 21117 OWINGS MILLS MD 21117-4827 910 RIDGEBROOK ROAD ² PTO RIDGEBROOK ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For CISPARKS, MD 21152 SPARKS, MD 21152 -2165514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. John Morrissey, Asst. Vice President (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE INTEGRATED HEALTH SERVICES, INC. NAME ELKINS, MARSHALL A NAME **CR2E034** 910 RIDGEBROOK RD. STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD. SPARKS. MD. 21152. CITY-ST-ZIP CITY-ST-ZIP **OWINGS MILLS MD 21117** Change ☐ Addition ☐ Defete TITLE TITLE INTEGRATED HEALTH SERVICES, INC. NAME NAME LEVIN, MARC B 910 RIDGEBROOK RD. STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD. SPARKS, MD 21152 CITY-ST-ZIP CITY-ST-ZIP OWINGS MILLS MD 21117 Addition Pickett ☐ Delete TITLE NAME NAME Ridgebrook Rd. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP 20-(KS--MD-23-11522= Addition Delete TITLE Fulchino TITLE NAME Ridgestrock Pd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP سدى المر هم CITY-ST-21P Change Addition ☐ Delete TITLE rt Stephenson NAME NAME Ridgebrook Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR