

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P990000031450

1. Entity Name

IHS OF FLORIDA NO. 6, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90038 036 \*\*\*150.00

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

910 RIDGEBROOK ROAD

3. Mailing Address

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State, Zip  
SPARKS, MD 21152

City, State, Zip  
SPARKS, MD 21152

4. FEI Number

52-2165516

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 the filer, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ELKINS, MARSHALL A  
10065 RED RUN BLVD.  
OWINGS MILLS MD 21117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
INTEGRATED HEALTH SERVICES, INC.  
910 RIDGEBROOK RD.  
SPARKS, MD 21152 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
INTEGRATED HEALTH SERVICES, INC.  
910 RIDGEBROOK RD.  
SPARKS, MD 21152 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P Taylor Pickett  
Same as above ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
✓ Mark Fulchino  
910 Ridgbrook Rd  
SPARKS MD 21152 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T Robert Stephenson  
910 Ridgbrook Rd.  
SPARKS, MD 21152 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

(410) 773-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)