

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000031452

1. Entity Name

IHS OF FLORIDA NO. 7, INC.

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

05-24-2000 90038 037 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
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

Zip

Country

Zip

Country

4. FEI Number

52-2165518

Applied For

Not Applicable

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 title 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-STATE-ZIP
D
ELKINS, MARSHALL A
10065 RED RUN BLVD.
OWINGS MILLS MD 21117 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P Taylor Pickett
910 Ridgebrook Rd
Sparks, MD 21152 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V Mark Fulchino
910 Ridgebrook Rd.
Sparks MD 21152 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T Robert Stephenson
910 Ridgebrook Rd
Sparks, MD 21152 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Fulchino 4/23/00

Date

Daytime Phone #

(410) 773-1000

CR2E034 (9/99)