

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000031472

1. Entity Name

IHS OF FLORIDA NO. 12, INC.

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

05-24-2000 90038 006 ***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

4. FEI Number

52-2165525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME	INTEGRATED HEALTH SERVICES, INC.		
STREET ADDRESS	910 RIDGEBROOK RD.		
CITY-STATE-ZIP	SPARKS, MD 21152		
TITLE	SD	Change	Addition
NAME	INTEGRATED HEALTH SERVICES, INC.		
STREET ADDRESS	910 RIDGEBROOK RD.		
CITY-STATE-ZIP	SPARKS, MD 21152		
TITLE	P Taylor Pickett	Change	Addition
NAME	910 Ridgbrook Rd		
STREET ADDRESS	Sparks, MD 21152		
CITY-STATE-ZIP			
TITLE	V Mark Fulchino	Change	Addition
NAME	910 Ridgbrook Rd		
STREET ADDRESS	Sparks, MD 21152		
CITY-STATE-ZIP			
TITLE	T Robert Stephenson	Change	Addition
NAME	910 Ridgbrook Rd.		
STREET ADDRESS	Sparks, MD 21152		
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Mark Fulchino

Date

4/23/00 (410) 773-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)