

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031474

1. Entity Name

IHS OF FLORIDA NO. 13, INC.

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

05-24-2000 90038 007 \*\*\*150.00

Principal Place of Business

Mailing Address

10065 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

SPARKS, MD 21152

City, State

SPARKS, MD 21152

Zip

Country

Zip

Country

4. FEI Number

52-2168598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

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-ST-ZIP: OWINGS MILLS MD 21117

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

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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 STREET ADDRESS: ☐ Delete  
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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE: ☐ Change ☒ Addition  
 NAME: Robert Stephenson  
 STREET ADDRESS: 910 Ridgbrook Rd  
 CITY-ST-ZIP: Sparks MD 21152

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Fulchino 4/23/00 (410) 773-1000

CR2E034 (9/99)