2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State
05-24-2000 90038 001 ***150.00

DOCUMENT # P99000031478

1. Entity Name

IHS OF FLORIDA NO. 14, INC.

Principal Place of Business	Mailing Address
RED RUN BLVD. MILLS MD 21117	10065 RED RUN BLVD. OWINGS MILLS MD 21117-4827

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
910 RIDGEBROOK ROAD	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 52-2168600 ☐ 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: Diamond 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: [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-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 910 Ridgebrook Rd Sparks MD 21152 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Mark Fulchino 910 Ridgebrook 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 Ridgebrook Rd Sparks MD 21152 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] Mark Fulchino 4/23/00 (410) 773-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #