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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90100 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S13249

1. Corporation Name
LPC BETHAMY HEALTH CORPORATION

Principal Place of Business
**10065 RED RUN BLVD
OWINGS MILLS MD 21117
US**

Mailing Address
**10065 RED RUN BLVD
OWINGS MILLS MD 21117
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1990

4. FEI Number

33-0502087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business.

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
1970 LANDINGS BLVD., STE 200
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **FULCHINO, MARK**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **P** ☒ DELETE
NAME **ELKINS, ROBERT N**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **T** ☒ DELETE
NAME **BENNETT, BRADLEY A**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **SD** ☐ DELETE
NAME **LEVIN, MARC B**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE **VD** ☐ DELETE
NAME **ELKINS, MARSHALL A**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-ST-ZIP **OWINGS MILLS MD**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Taylor Pickett**
1.3 STREET ADDRESS **10065 Red Run Blvd**
1.4 CITY-ST-ZIP **owings mills md 21117**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **Robert Stephenson**
2.3 STREET ADDRESS **10065 Red Run Blvd**
2.4 CITY-ST-ZIP **owings mills md 21117**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Marshall A. Elkins**
5.3 STREET ADDRESS **10065 Red Run Blvd**
5.4 CITY-ST-ZIP **owings mills md 21117**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/6/99
Date

410.998.8578
Daytime Phone #

CR2E034 (11/98)