

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90040 045 ***150.00

DOCUMENT # S13254

1. Entity Name

GAINESVILLE HEALTH CARE CENTER, INC.

Principal Place of Business

Mailing Address

**RED RUN BLVD
 MILLS MD 21117**

**10065 RED RUN BLVD
 OWINGS MILLS MD 21117-4827
 US**

2. **910 RIDGEBROOK ROAD**

3. **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 **59-3038156**

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 SO PINE ISL 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 date (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	P	☐ Delete
NAME	PICKETT, TAYLOR	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	V	☐ Delete
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	T	☐ Delete
NAME	STEPHENSON, ROBERT	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	☐ Delete
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	INTEGRATED HEALTH SERVICES, INC.	
STREET ADDRESS	910 RIDGEBROOK RD.	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE		☐ Change ☐ Addition
NAME	SD Marc B. Levin	
STREET ADDRESS	910 Ridgebrook Rd	
CITY-ST-ZIP	Sparks, MD 21152	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)