

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90017 039 \*\*\*550.00

**DOCUMENT # V02998**

1. Corporation Name

**SIGNATURE HOME CARE OF FLORIDA, INC.**

Principal Place of Business

10065 RED RUN BLVD  
OWINGS MILL 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

12/30/1991

4. FEI Number

59-3156072

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.

☒ Yes ☐ No

2. Principal Place of Business

21 910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

22

City & State

23 SPARKS, MD

Zip

24 21152

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 PD ☐ DELETE

NAME ELKINS, ROBERT N  
STREET ADDRESS 10065 RED RUN BLV  
CITY-ST-ZIP OWINGS MILLS MD

TITLE VP ☐ DELETE

NAME FULCHINO, MARK L  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-ST-ZIP OWINGS MILLS MD

TITLE S ☐ DELETE

NAME LEVIN, MARC B  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-ST-ZIP OWINGS MILLS MD

TITLE CAO ☐ DELETE

NAME BENNETT, W BRADLEY  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-ST-ZIP OWINGS MILLS MD

TITLE VD ☐ DELETE

NAME ELKINS, MARSHALL  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

*Mark Fulchino*  
Signature, typed or printed name of signing officer or director

SVP-TAX

9/7/99

(410) 773-1000

CR2E034 (5/99)

0115980

INTEGRATED HEALTH SERVICES

617895-90017-39  
V02998

LIST OF OFFICERS:

NAME	TITLE	SS#	ADDRESS
TAYLOR PICKETT	PRESIDENT	216-78-6702	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARC B. LEVIN	SECRETARY	217-62-0817	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARK L. FULCHINO	VP	029-64-4143	910 RIDGEBROOK ROAD, SPARKS, MD 21152
ROBERT STEPHENSON	TREASURER	212-94-9489	910 RIDGEBROOK ROAD, SPARKS, MD 21152

BOARD OF DIRECTORS:

NAME	ADDRESS
MARC B. LEVIN	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARSHALL A. ELKINS	910 RIDGEBROOK ROAD, SPARKS, MD 21152