

# 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  
 OWINGS 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**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3038156**

Applied For  
 Not Applicable

Zip Country

Zip Country

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 SO PINE ISL RD**  
**PLANTATION FL 33324**

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 *[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	<b>P</b> <b>PICKETT, TAYLOR</b> <b>10065 RED RUN BLVD</b> <b>OWINGS MILLS MD 21117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FULCHINO, MARK</b> <b>10065 RED RUN BLVD</b> <b>OWINGS MILLS MD</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STEPHENSON, ROBERT</b> <b>10065 RED RUN BLVD</b> <b>OWINGS MILLS MD 21117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELKINS, MARSHALL A</b> <b>10065 RED RUN BLVD</b> <b>OWINGS MILLS MD 21117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>INTEGRATED HEALTH SERVICES, INC.</b> <b>910 RIDGEBROOK RD.</b> <b>SPARKS, MD 21152</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>INTEGRATED HEALTH SERVICES, INC.</b> <b>910 RIDGEBROOK RD.</b> <b>SPARKS, MD 21152</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>INTEGRATED HEALTH SERVICES, INC.</b> <b>910 RIDGEBROOK RD.</b> <b>SPARKS, MD 21152</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>INTEGRATED HEALTH SERVICES, INC.</b> <b>910 RIDGEBROOK RD.</b> <b>SPARKS, MD 21152</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Marc B. Levin</b> <b>910 Ridgebrook Rd</b> <b>Sparks, MD 21152</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Mark Fulchino** **4/23/00** **(410) 773-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)