

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:11

DOCUMENT # J55389

(7)

1. Corporation Name

YOUNG HOLDINGS LTD. CORP.

Principal Place of Business

Mailing Address

**PRATTS JUNCTION RD.
P.O. BOX 368
STERLING MA 01564**

**PRATTS JUNCTION RD.
P.O. BOX 368
STERLING MA 01564**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1987

3a. Date of Last Report

04/13/1994

4. FBI Number

58-1732072

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
YOUNG, REGINALD A.
25 LOWELL AVENUE
HOLDEN MA**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
YOUNG, PHYLLIS L.
25 LOWELL AVENUE
HOLDEN MA**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
YOUNG, RONALD A.
432 LAKESHORE RD. NORTH
DENVER NC**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
YOUNG, GREGORY C.
133 BADGER RUN
DENVER NC**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MEYERS, SUSAN
26 PILFERSHIRE ROAD
WEST SIMSBURY CT**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
NOONAN, RICHARD J.
14 MARWOOD ST.
WORCESTER MA**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

508-422-6716

CR2E034 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J57900 (9)

1. Corporation Name

H & R CARE, INC.

Principal Place of Business

12050 N.W. LE JEUNE RD., BAY #1
OPA LOCKA FL 33054

Mailing Address

12050 N.W. LE JEUNE RD., BAY #1
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1987

3a. Date of Last Report
07/06/1994

4. FEI Number
59-2797425

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 13091 N.W. 43 Ave.

2a. Mailing Address

26 13091 N.W. 43 Ave.

Suite, Apt. #, etc.

A-5

Suite, Apt. #, etc.

A-5

City & State

23 Opa-locka, Florida

City & State

28 Opa-locka, Florida

Zip

24 33054

Country

25 Dade

Zip

29 33054

Country

30 Dade

9. Name and Address of Current Registered Agent

CASTELLANOS, JEANETTE
12050 N.W. LEJEUNE RD., BAY #1
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent

Same
New
Add.

81 Name
CASTELLANOS, Jeanette
82 Street Address (P.O. Box Number is Not Acceptable)
13091 NW 43 Ave Bay A-5
83
84 City
Opa-locka FL 85 Zip Code
33054

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	CASTELLANOS, JEANETTE
STREET ADDRESS	16810 N.W. 51ST PLACE
CITY, ST, ZIP	CORAL CITY FL
TITLE	DTA
NAME	CASTELLANOS, JEANETTE
STREET ADDRESS	16810 N.W. 51ST PLACE
CITY, ST, ZIP	CORAL CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Jeanette Castellanos

Jeanette Castellanos

June 9, 1995

687-5800

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:14

DOCUMENT # J62213

(0)

1. Corporation Name

RAFAEL ASON, M.D., ACH, INC.

Principal Place of Business

C/O JORGE RODRIGUEZ-CHORRIAT

~~625 0 BAYSHORE DR STE 1750~~

~~MIAMI FL 33101~~

10250 SW 56th St #A-203
MIAMI, FL 33165

Mailing Address

C/O JORGE RODRIGUEZ-CHORRIAT

~~625 0 BAYSHORE DR STE 1750~~

~~MIAMI FL 33101~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1987

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2797968

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 has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 10250 SW 56th St

2a. Mailing Address

26 10250 SW 56th St

Suite, Apt. #, etc.

22 A-203

Suite, Apt. #, etc.

27 A-203

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33165

Country

25 U.S.A.

Zip

29 33165

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RODRIGUEZ-CHORRIAT, JORGE

~~625 BAYSHORE DR, SUITE 601~~

~~MIAMI FL 33101~~

10250 SW 56th St #A-203

MIAMI, FL 33165

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, 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 of person or entity named as registered agent or new registered agent, as applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ASON, RAFAEL

STREET ADDRESS

7100 W 20TH AVE, #G154

CITY, ST, ZIP

HALEAH FL 33016

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

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

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95