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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81721** **(7)**

1. Corporation Name

YORK HANNOVER HEALTH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2 SOUTH STREET STE 360 PITTSFIELD MA 01201 US	2 SOUTH ST STE 360 PITTSFIELD MA 01201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3019842** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	CLARKE, THOMAS M	12 NAME	Thomas M. Clarke	
STREET ADDRESS	2 SOUTH ST., STE 360	13 STREET ADDRESS	2 South St., Suite 360	
CITY-ST-ZIP	PITTSFIELD MA	14 CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	T	21 TITLE	Treasurer/Secretary/Dir.	☒ Change ☐ Addition
NAME	CLARKE, LINDA M	22 NAME	Linda M. Clarke	
STREET ADDRESS	2 SOUTH ST., STE 360	23 STREET ADDRESS	2 South St., Suite 360	
CITY-ST-ZIP	PITTSFIELD MA	24 CITY-ST-ZIP	Pittsfield, MA 01201	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	CLARKE, LINDA M	32 NAME		
STREET ADDRESS	2 SOUTH ST., STE 360	33 STREET ADDRESS		
CITY-ST-ZIP	PITTSFIELD MA	34 CITY-ST-ZIP		
TITLE		41 TITLE	Director	☐ Change ☒ Addition
NAME		42 NAME	Lawrence B. Cummings	
STREET ADDRESS		43 STREET ADDRESS	250 Royal Palm Way, Suite 202	
CITY-ST-ZIP		44 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		51 TITLE	Director	☐ Change ☒ Addition
NAME		52 NAME	Amory Cummings	
STREET ADDRESS		53 STREET ADDRESS	311 S. Wacker Drive	
CITY-ST-ZIP		54 CITY-ST-ZIP	Chicago, IL 60606	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 trustor 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.

(413) 448-2811

SIGNATURE: Linda M. Clark — Linda M. Clarke, Sec./Treas/Dir. 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP