

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candace B. Marshall
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **V09086** (2)

SOVEREIGN UNION CONSTRUCTION, INC.

95 MAY 23 AM 10:15

600 W. HILLSBORO BLVD.
379
DEERFIELD BEACH FL 33441
US

600 W. HILLSBORO BLVD.
379
DEERFIELD BEACH FL 33441
US

DO NOT WRITE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date of report filed in Department
01/23/1992 **08/10/1994**

2. Principal Office Address	2a. Mailing Address	4. FET Number	Applied For Not Applicable
21	2a	65-0305321	
22. State, Apt. # etc.	2b. State, Apt. # etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24. Zip	2d. Zip	8. This corporation has liability for compliance with Chapter 192, F.S., Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREAVES, RAYMOND A.
600 W HILLSBORO BLVD
SUITE 379
DEERFIELD BEACH FL 33441**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.09(4) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 licensed with and accept the obligation of a broker/real estate agent in the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P MAGUIRE, MICHAEL C 708 N. W. 22ND STREET FT. LAUDERDALE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	☐ Change ☐ Addition
NAME	S WASHBURN, JOHN 2803 N.W. 12TH AVENUE FT. LAUDERDALE FL	4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	☐ Change ☐ Addition
NAME	VP WASHBURN, JOHN 2803 N.W. 12TH AVENUE FT. LAUDERDALE FL	7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY, ST, ZIP		9. CITY, ST, ZIP	☐ Change ☐ Addition
NAME	T GREAVES, RAYMOND A 7924 GRENADA PLACE BOCA RATON FL	10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY, ST, ZIP		18. CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 192.01(4), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my corporation shall have the same report filed with the state. I further certify that there are no other officers or directors of the corporation or the licensed broker/real estate agent who are required by Chapter 192, Florida Statutes, and that my name appears on Block A of the Block A of the changes are attached with an address.

SIGNATURE: *[Signature]* **John S. Washburn** 5/18/95 305-426-5049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrell
Secretary of State
1995 MAY 24 10:00 AM '95

DOCUMENT # V09884

(0)

1. Corporation Name

JESUS SALVADOR NEGRETTE, M.D., P.A.

APPROVED
FILED

MAY 22 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8260 W. FLAGLER STREET
SUITE 24
MIAMI FL 33144

Mailing Address

8260 W. FLAGLER STREET
SUITE 24
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year		2a. Mailing Address		3. Date the Corporation was Organized	3a. Date of Last Report
21		26		01/22/1992	08/04/1994
22		27		4. FEI Number	Applied For
23		28		65-0308713	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 190 (FS) Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEGRETTE, JESUS SALVADOR
8260 W. FLAGLER STREET
SUITE 24
MIAMI FL 33144

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

FL

11. Pursuant to the provisions of Sections 607 and 607.100, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 hereby consenting to the obligation of tax imposed by the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D NEGRETTE, JESUS SALVADOR	NAME	
STREET ADDRESS	8260 W. FLAGLER STREET	STREET ADDRESS	
CITY	MIAMI FL	CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
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NAME		NAME	
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CITY		CITY	

SIGNATURE:

Jesus S Negrette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95

(305)554-0004

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

MAY 15 1996

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09889

(9)

1. Corporation Name:

PINES DIAGNOSTICS, INC.

2. Principal Place of Business:

**9841 PINES BLVD
PEMBROKE PINES FL 33024**

3a. Mailing Address:

**9841 PINES BLVD
PEMBROKE PINES FL 33024**

(Do Not Write in This Space)

3. Date Incorporated or Qualified:
01/27/1992

3b. Date of Last Report:
06/10/1994

2. Principal Place of Business:

21

3a. Mailing Address:

26

State, Apt. #, etc.

State, Apt. #, etc.

22

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City & State

City & State

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City & State

City & State

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4. FIC Number:
65-0305108

Applied For:
Not Applicable

5. Certificate of Status: Director

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Other Corporate Filings: (Check one)
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, RICHARD
9841 PINES BLVD
PEMBROKE PINES FL 33024**

81 Name:

82 Street Address (P.O. Box Number, Not Applicable)

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.02(2) and 607.1508, Florida Statute, the above named corporation submits the statement for the purpose of changing its registered office of corporate headquarters, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(2) and 607.1508, Florida Statute.

SIGNATURE

Richard Alexander

Richard Alexander

5/16/95

(Signature of Registered Agent)

(Signature of New Registered Agent)

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SIGNATURE: *Richard Alexander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Alexander

303-433-4380

0007066 CP

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montemayor
Secretary of State
Division of Corporations

DOCUMENT # **V10545** (4)

1. Corporation Name

EXPRESS HOME CARE SERVICES CORP.

Principal Place of Business

**8900 CORAL WAY
SUITE 210
MIAMI FL 33165
US**

Mailing Address

**8900 CORAL WAY
SUITE 210
MIAMI FL 33165
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

01/30/1992

3a. Date of last report

06/13/1994

4. FET Number

65-0308479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Trust Fund Contributions

☐

8. This corporation has liability for interstate tax under 21, 184 and Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

25

State, Apt. # etc.

State, Apt. # etc.

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

**CHICA, ANTONIO
8900 CORAL WAY
SUITE 210
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number or Post Office Box)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 215.01 and 215.02, Florida Statutes, the above named corporation submits this statement for the purpose of a foreign registered office or registered agent for the State of Florida. Such a foreign office was authorized by the corporation's board of directors, thereby, and not the appointment of a registered agent, and having with it all the qualifications of law firm, not subject to Florida Statutes.

SIGNATURE

12.

CHANGING REGISTERED AGENT

13.

ADDITIONS, CHANGES, TO OFFICERS, AND DIRECTORS, IN 12

NAME

**P
CHICA, ANTONIO O.
14845 SW 42 LANE
MIAMI FL**

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

**VP
SOSA, SWERECIA
4740 SW 5TH STREET
MIAMI FL**

2. NAME

2. STREET ADDRESS

2. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

**S
NUNEZ, NYRIA
11755 SW 18TH STREET, #403
MIAMI FL**

3. NAME

3. STREET ADDRESS

3. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

4. NAME

4. STREET ADDRESS

4. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

5. NAME

5. STREET ADDRESS

5. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

6. NAME

6. STREET ADDRESS

6. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

7. NAME

7. STREET ADDRESS

7. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME

8. NAME

8. STREET ADDRESS

8. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 make this report as required by Chapter 215, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio O. Chica
Antonio O. Chica

4/10/95 (30) 226-7929