FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # V09086 (2)

1. Corporate Name

SOVEREIGN UNION CONSTRUCTION, INC.

FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
600 W. HILLSBORO BLVD 379 DEERFIELD BEACH FL 3341 US	600 W. HILLSBORO BLVD 379 DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1992 — 08/10/1994

4. FEI Number: 65-0305321 — 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 [X] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAGUIRE, MICHAEL C
STREET ADDRESS	708 N. W. 22ND STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	WASHBURN, JOHN
STREET ADDRESS	2803 N.W. 12TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	WASHBURN, JOHN
STREET ADDRESS	2803 N.W. 12TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	GREAVES, RAYMOND A
STREET ADDRESS	7924 GRENADA PLACE
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP) — six blank entries

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: John S. Washburn 5/18/95 305-426-5049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266571 CP

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

10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09884 (0)

1. Corporation Name
JESUS SALVADOR NEGRETTE, M.D., P.A.

Principal Place of Business
8260 W. FLAGLER STREET
SUITE 2-I
MIAMI FL 33144

Mailing Address
8260 W. FLAGLER STREET
SUITE 2-I
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 08/04/1994
4. FEI Number: 65-0308713 — 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

NEGRETTE, JESUS SALVADOR
8260 W. FLAGLER STREET
SUITE 2-I
MIAMI FL 33144

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEGRETTE, JESUS SALVADOR
STREET ADDRESS	8260 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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: Jesus S Negrette MD 5/18/95 (305)554-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166741 CP

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

DOCUMENT # V09889 (9)

1. Corporation Name
PINES DIAGNOSTICS, INC.

Principal Place of Business
9841 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address
9841 PINES BLVD
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1992
3a. Date of Last Report: 06/10/1994

4. FEI Number: 65-0305108 — Applied For / Not Applicable

2. Principal Place of Business — 21, Suite, Apt. # etc. 22, City & State 23, Zip 24, Country 25

2a. Mailing Address — 26, Suite, Apt. # etc. 27, City & State 28, Zip 29, Country 30

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. [ ] Yes X No

9. Name and Address of Current Registered Agent

ALEXANDER, RICHARD
9841 PINES BLVD
PEMBROKE PINES FL 33024

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: Richard Alexander — Richard Alexander 5/16/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALEXANDER, RICHARD
STREET ADDRESS	9841 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	[ ] Change	[ ] Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	[ ] Change	[ ] Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	[ ] Change	[ ] Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	[ ] Change	[ ] Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	[ ] Change	[ ] Addition
TITLE, NAME, STREET ADDRESS, 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, 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: Richard Alexander — Richard Alexander 4/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 305-435-4380

0087066 CP

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
[illegible] 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V10545 (4)

1. Corporation Name

EXPRESS HOME CARE SERVICES CORP.

Principal Place of Business	Mailing Address
8900 CORAL WAY SUITE 210 MIAMI FL 33165 US	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. FEI Number: 65-0308479	[ ] 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
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHICA, ANTONIO 8900 CORAL WAY SUITE 210 MIAMI FL 33165	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	[ ] Change [ ] Addition
NAME	CHICA, ANTONIO O.	NAME	
STREET ADDRESS	14845 SW 42 LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP	TITLE	[ ] Change [ ] Addition
NAME	SOSA, SWERECIA	NAME	
STREET ADDRESS	4740 SW 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	S	TITLE	[ ] Change [ ] Addition
NAME	NUNEZ, NYRIA	NAME	
STREET ADDRESS	11755 SW 18TH STREET, #403	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the 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: Antonio O. Chica 4/10/95 (305) 226-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0176073 CP