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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702018 (3)

1. Corporation Name

VISITING NURSE ASSOCIATION OF DADE COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

3900 N.W. 79TH AVE. SUITE 728
MIAMI FL 331663900 N.W. 79TH AVE. SUITE 728
MIAMI FL 33166-65513. Date Incorporated or Qualified
02/13/19613a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
59-0654591Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUENTES, GUS, JR.
3900 N.W. 79TH AVE SUITE 728
MIAMI FL 33166

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or principal officer of corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME HUTSON, JAMES J
STREET ADDRESS 1650 NW 9TH ST
CITY- ST- ZIP MIAMI FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE VD
NAME GIBSON, THELMA
STREET ADDRESS 3661 FRANKLIN AVENUE
CITY- ST- ZIP COCONUT FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE TSD
NAME ROBERTS, ALAN K
STREET ADDRESS 6341 SUNSET DR, SUNSHINE MED CTR
CITY- ST- ZIP MIAMI FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE S/D
NAME BATTISTE, MARCIA
STREET ADDRESS 12295 S.W. 129 COURT
CITY- ST- ZIP MIAMI FL 33186
☐ DELETE4.1 TITLE D
4.2 NAME BATTISTE, MARCIA
4.3 STREET ADDRESS 14101 COMMERCE WAY
4.4 CITY- ST- ZIP MIAMI LAKES, FL 33016
☒ Change ☐ AdditionTITLE D
NAME HUTSON, JAMES J M.D.
STREET ADDRESS 1650 N.W. 9TH STREET
CITY- ST- ZIP MIAMI FL 33125
☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE D
NAME CRAFT, ANA R
STREET ADDRESS 13701 N KENDALL DR STE 303
CITY- ST- ZIP MIAMI FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/15/97

477-7676

SIGNATURE OF SIGNED OFFICER OF SIGNED OFFICER
GUS FUENTES, JR., President & CEO

Date Daytime Phone # 0032121

CR2E037 (9/96)