


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702018 (3)

1. Corporation Name

VISITING NURSE ASSOCIATION OF DADE COUNTY, FLORIDA, INC.



Principal Place of Business		Mailing Address	
6900 NW 70TH AVE SUITE 720 - MIAMI FL 33166 7715 NW 48th Street 2nd Floor Miami, Florida 33166		6900 NW 70TH AVE SUITE 720 MIAMI FL 33166 7715 NW 48th Street 2nd Floor Miami, Florida 33166	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	
02/13/1961	
4. FEI Number	Applied For
59-0654591	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FUENTES, GUS, JR. 3000 NW 70TH AVE SUITE 720 MIAMI FL 33166 7715 NW 48th Street 2nd Floor Miami, FL 33166	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	HUTSON, JAMES J
STREET ADDRESS	1650 NW 9TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GIBSON, THELMA
STREET ADDRESS	3661 FRANKLIN AVENUE
CITY-ST-ZIP	COCONUT FL
TITLE	ISD SD <input type="checkbox"/> DELETE
NAME	ROBERTS, ALAN K
STREET ADDRESS	6341 SUNSET DR, SUNSHINE MED CTR
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BATTISTE, MARGIA
STREET ADDRESS	14181 COMMERCE WAY
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CRAFT, ANA R
STREET ADDRESS	18701 N KENDALL DR STE 600
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOUE, LUIS E.
1.3 STREET ADDRESS	3001 PONCE DE LEON BLVD., SUITE 211
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CEJAS, ONELIO
2.3 STREET ADDRESS	1325 W. 48TH STREET-TRANSATLANTIC BANK
2.4 CITY-ST-ZIP	HIALEAH, FL 33012
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GIL, FRANCIS R.
3.3 STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 400
3.4 CITY-ST-ZIP	MIAMI, FL 33180
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OMS, ERNEST E.
4.3 STREET ADDRESS	9601 S.W. 199 COURT
4.4 CITY-ST-ZIP	MIAMI, FL 33186
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SOSA, SUSANA
5.3 STREET ADDRESS	HIGHLAND PARK HOSPITAL-1660 NW 7TH COURT
5.4 CITY-ST-ZIP	MIAMI, FL 33136
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ 2/17/98 (305) 477-7676

CP2E037 (10/97)