2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002
Secretary of State

DOCUMENT# 702018

Entity Name: VISITING NURSE ASSOCIATION OF MIAMI-DADE, INC.

Current Principal Place of Business:

7715 NW 48TH STREET
SUITE 200
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7715 NW 48TH STREET
SUITE 200
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 59-0654591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUENTES, GUS, JR.
7715 NW 48 ST SUITE 200
MIAMI, FL 33166

Name and Address of New Registered Agent:

GUS FUENTES, JR., PRESIDENT AND CEO
7715 NW 48 ST SUITE 200
MIAMI, FL 33166

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GUS FUENTES, JR. 01/09/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HUTSON, JAMES
Address: EPWORTH VILLAGE APT. 111-5300WEST 16 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: GIBSON, THELMA
Address: 3661 FRANKLIN AVENUE
City-St-Zip: COCONUT, FL

Title: CD ( ) Delete
Name: OMS, ERNEST
Address: 9601 SW 119 CT
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: GIL, FRANCIS
Address: 2641 N. W. 207 STREET
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: MOSS, GLADYS
Address: 4100 NW 11 AVE
City-St-Zip: MIAMI, FL 33127

Title: SD ( ) Delete
Name: SOSA, SUSANA
Address: MENTAL HEALTH HOSP.-1695 NW 9TH AVE
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HUTSON, JAMES J DR.
Address: EPWORTH VILLAGE APT. 111-5300WEST 16 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change ( ) Addition
Name: GIBSON, THELMA V
Address: 3661 FRANKLIN AVENUE
City-St-Zip: COCONUT, FL

Title: CD (X) Change ( ) Addition
Name: OMS, ERNEST
Address: 9833 SW 56TH TERRACE
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SOSA, SUSANA
Address: JMH-MENTAL HEALTH 1695 NW 9TH AVENUE
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUS FUENTES, JR. MR. 01/09/2002
Electronic Signature of Signing Officer or Director Date

RAYMOND H. NAHMAD, DDS
7931 SW 53RD STREET
MIAMI, FLORIDA 33166

ANAYS SANTANA-IZQUIERDO, M.D.
3661 SOUTH MIAMI AVENUE, #608
MIAMI, FLORIDA 33133

MARGARITA ALONSO, ED.D.
8635 SW 44TH STREET
MIAMI, FLORIDA 33155

ESPERANZA FERNANDEZ
13143 SW 11TH LANE CIRCLE
MIAMI, FLORIDA 33184

FRANK SLODARZ, TREASURER
WASHINGTON MUTUAL
18149 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33160