

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702018

FILED
Jan 22, 2004
Secretary of State**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:**GUS FUENTES, JR., PRESIDENT AND CEO
7715 NW 48 ST SUITE 200
MIAMI, FL 33166**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: VD () Delete
Name: FERNANDEZ, ESPERANZA
Address: 13143 SW 11 LN. CR.
City-St-Zip: MIAMI, FL 33184

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

Title: D () Delete
Name: COSTA, MAURICE ESQ
Address: 1501 VENERA AVE., SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: FERNANDEZ, ESPERANZA
Address: 13143 SW 11 LANE CIRCLE
City-St-Zip: MIAMI, FL 33184

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

Title: D (X) Change () Addition
Name: COSTA, MAURICE ESQ
Address: 7330 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL 33016

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: FERNANDEZ, ESPERANZA

SD

01/22/2004

Electronic Signature of Signing Officer or Director

Date

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

CHARLES A. DUNN, MD
4950 LE JEUNE ROAD, SUITE A
CORAL GABLES, FLORIDA 33146

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