2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90068 016 ****70.00

DOCUMENT # 702018

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

Principal Place of Business	Mailing Address
7715 NW 48TH STREET SUITE 200 MIAMI FL 33166 US	7715 NW 48TH STREET SUITE 200 MIAMI FL 33166 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0654591 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUS FUENTES, JR., PRESIDENT AND CEO 7715 NW 48 ST SUITE 200 MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	HUTSON, JAMES J DR.	NAME	Esperanza Fernandez
STREET ADDRESS	EPWORTH VILLAGE APT. 111-5300WEST 16 AVE.	STREET ADDRESS	13143 SW 11 Ln. Cr.
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	Miami, FL 33184
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	GIBSON, THELMA V	NAME	Maurice Costa, Esq.
STREET ADDRESS	3661 FRANKLIN AVENUE	STREET ADDRESS	1501 Venera Av. Ste # 300
CITY-ST-ZIP	COCONUT FL	CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	CD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	OMS, ERNEST	NAME	Margarita Alonso, Ed. D.
STREET ADDRESS	9833 SW 56TH TERRACE	STREET ADDRESS	8635 SW 44 ST.
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	Miami, FL 33155
TITLE	VD ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	GIL, FRANCIS	NAME	Dr. Anays Santana-Izquierdo
STREET ADDRESS	2641 N. W. 207 STREET	STREET ADDRESS	3661 S. Miami Av. #608
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	Miami, FL 33133
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	MOSS, GLADYS	NAME	Frank Slodarz
STREET ADDRESS	4100 NW 11 AVE	STREET ADDRESS	18149 Biscayne Blvd.
CITY-ST-ZIP	MIAMI FL 33127	CITY-ST-ZIP	Miami, FL 33160
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SOSA, SUSANA	NAME	
STREET ADDRESS	JMH-MENTAL HEALTH 1695 NW 9TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Gus Fuentes Jr. 03/28/03 (305)477-7676

CR2E037 (10/02)