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

☐ CHECK HERE IF MAKING CHANGES

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

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

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

CR2E037 (10/02)

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