

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

102

DOCUMENT # 743335

1. Entity Name
VISITING NURSE ASSOCIATION OF FLORIDA, INC.

FILED

02 AUG 13 AM 10:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300008020143-4
-09/25/02--01061--026
*****61.25 *****61.25

2. Principal Place of Business
2400 SE Monterey Road
Suite, Apt. #, etc.
Suite 300
City & State
Stuart, FL
Zip
34996
Country
US

3. Mailing Address
2400 SE Monterey Road
Suite, Apt. #, etc.
Suite 300
City & State
Stuart, FL
Zip
34996
Country
US

4. FEI Number
59-1814769
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Crow, Donald R.
Street Address (P.O. Box Number is Not Acceptable)
2400 SE Monterey Road
Suite 300
City
Stuart
FL
Zip Code
34996

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

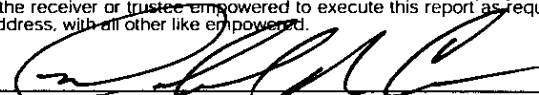
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Kenney, Kevin 1991 S Kanner Highway Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive VP Crow, Patricia Q. 2400 SE Monterey Road, Suite 300 Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Decker, Ann P.O. Box 497 Jensen Beach, FL 34958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V Johnston, Fred 334 SE Naranja Avenue Port St. Lucie, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Wheeler, Gregory L. 2201 SE Kingswood Terrace Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D Crow, Donald R. 2400 SE Monterey Road, Suite 300 Stuart, FL 34996

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 8/5/2002

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VISITING NURSE ASSOCIATION OF FLORIDA, INC.

Officers and Directors:

Title: D
Name: Iannotti, Nicholas MD
Address: 1801 SE Hillmoor Drive, Suite B101
City-St-Zip: Port St. Lucie, FL 34952