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

1 of 2

DOCUMENT # 743335

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

FILED

02 AUG 13 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01061--026
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DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2400 SE Monterey Road	2400 SE Monterey Road
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34996 Country: US	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	D/P
NAME	Kenney, Kevin
STREET ADDRESS	1991 S Kanner Highway
CITY-ST-ZIP	Stuart, FL 34994
TITLE	Executive VP
NAME	Crow, Patricia Q.
STREET ADDRESS	2400 SE Monterey Road, Suite 300
CITY-ST-ZIP	Stuart, FL 34996
TITLE	D/T
NAME	Decker, Ann
STREET ADDRESS	P.O. Box 497
CITY-ST-ZIP	Jensen Beach, FL 34958
TITLE	D/V
NAME	Johnston, Fred
STREET ADDRESS	334 SE Naranja Avenue
CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	S/D
NAME	Wheeler, Gregory L.
STREET ADDRESS	2201 SE Kingswood Terrace
CITY-ST-ZIP	Stuart, FL 34996
TITLE	C/D
NAME	Crow, Donald R.
STREET ADDRESS	2400 SE Monterey Road, Suite 300
CITY-ST-ZIP	Stuart, FL 34996

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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

TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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