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

## **DOCUMENT # 743335**

1. Entity Name

## VISITING NURSE ASSOCIATION OF FLORIDA, INC.



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90300 043 \*\*\*\*70.00

**FILED** 

Principal Place of Business 2400 S.E. MONTEREY RD STE. 300 STUART FL 34996 US			Mailing Address 2400 S.E. MONTEREY RD., STE, 300 STUART FL 34996 US				1 1 2 2 1 1 2 2 1 1 2 2 1 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2		:: <b>2:01) 0:0</b> 1: 0101: 01	<b>8</b> 27 <b>9</b> 1 <b>8</b> 27 1882	
2. Principal Place of Business				iling Address							
Suite, Apt. #, etc.				uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Cib. 9 Stata				ty & State			# EEI Number ##	. 404 4700	1 1/2	oplied For	
City & State			Only & State			4. FEI Number 59-1814769 Applied For Not Applied For			·		
Zip Country			Zi	р	Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Regist				ed Agent			7. Name and Address of New Registered Agent				
CROW, DONALD R. 2400 S.E. MONTEREY RD., STE. 300 STUART FL 34996						Name Street Address (P.O. Box Number is Not Acceptable)					
						City		i i	FL Zip Cod	е	
	tions of register	submits this statement for ed agent				d office or regist		the State of Florida. I		and accept .	
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing  Trust Fund Contribution.			<b>\$5.00</b> May Be Added to Fees	Florida De	neck Payable partment of S	State	
10.	OFFICERS AND DIRECTOR					1	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEY, KI 1991 S KAN STUART FL	iner hwy		☐ Delete		J			☐ Change	Addition	
TITLE NAME STREET ADDRESS	EV CROW, PAT 2400 S.E. M	☐ Delete	TITLE NAME STREE				☐ Change	Addition			
CITY-ST-ZIP	STUART FL	34996	e et same	سنواك المحدولا ومستحقيته	~= CITY	ST-ZiP====================================	ما ما معادی میکند. ما ما ما میکند است.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DECKER, AI PO BOX 49' JENSEN BE			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	, FRED RANJA AVENUE JCIE FL 34983		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wheeler,	GREGORY L NGSWOOD TERRACE		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP	CD CROW, DOI	NALD R NONTEREY RD., STE.	300	☐ Delete					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify to 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 trusfee 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:

IRED Donald R. Crow 3/19/03 7/2-286-1844