

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005359

FILED
Mar 26, 2009
Secretary of State

Entity Name: VISITING NURSE ASSOCIATION MOBILE CLINIC, INC.

Current Principal Place of Business:

2400 S.E. MONTEREY RD.
SUITE 300
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2400 S.E. MONTEREY RD.
SUITE 300
STUART, FL 34996

New Mailing Address:

FEI Number: 20-4892819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROW, DONALD R
2400 S.E. MONTEREY RD.
SUITE 300
STUART, FL 34996 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CROW, DONALD R
Address: 2400 S.E. MONTEREY RD. SUITE 300
City-St-Zip: STUART, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CROW, DONALD R
Address: 2400 S.E. MONTEREY RD. SUITE 300
City-St-Zip: STUART, FL 34996

Title: D () Change (X) Addition
Name: CROW, PATRICIA Q
Address: 2400 SE MONTEREY ROAD, STE 300
City-St-Zip: STUART, FL 34996 US

Title: S () Change (X) Addition
Name: DAYTON, PETER MD
Address: 2400 SE MONTEREY ROAD, STE 300
City-St-Zip: STUART, FL 34996 US

Title: T () Change (X) Addition
Name: IANNOTTI, NICHOLAS MD
Address: 2400 SE MONTEREY ROAD, STE 300
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. CROW

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date