

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002393

1. Entity Name

VISITING NURSE COMMUNITY CARE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90150 048 ****70.00

Principal Place of Business

Mailing Address

2400 SE MONTEREY ROAD
SUITE 301
STUART FL 34996

2400 SE MONTEREY ROAD
SUITE 301
STUART FL 34996-3351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0298789

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CROW, DONALD R
2400 SE MONTEREY ROAD
STUART FL 34996

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CDS ☐ Delete
NAME CROW, PATRICIA Q
STREET ADDRESS 2210 NW 20TH AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE C D S T ☒ Change ☐ Addition
NAME
STREET ADDRESS 2400 SE Monterey Road, Suite 300
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CROW, DONALD R
STREET ADDRESS 2400 SE MONTEREY ROAD SUITE 300
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME CRAMER, GARY
STREET ADDRESS 1003 SW POPLAR COURT
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME IANNOTTI, NICHOLAS MD
STREET ADDRESS 1801 SE HILLMOOR DRIVE STE B-101
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KENNEY, KEVIN M
STREET ADDRESS 440 E OSCEOLA AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1991 S. Kanner Highway
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Crow 4/13/00

561-286-8157

CR2E037 (5/99)