

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000002393**

1. Entity Name

**VISITING NURSE COMMUNITY CARE, INC.****FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90060 013 \*\*\*\*70.00

**904438**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2400 SE MONTEREY ROAD  
SUITE 300  
STUART FL 34996**

Mailing Address

**2400 SE MONTEREY ROAD  
SUITE 300  
STUART FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

**CROW, DONALD R  
2400 SE MONTEREY ROAD  
STUART FL 34996**

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDST  
CROW, PATRICIA Q  
2400 SE MONTEREY ROAD, SUITE 300  
STUART FL 34994** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CROW, DONALD R  
2400 SE MONTEREY ROAD SUITE 300  
STUART FL 34996** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
IANNOTTI, NICHOLAS MD  
1801 SE HILLMOOR DRIVE STE B-101  
PORT ST LUCIE FL 34952** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KENNEY, KEVIN M  
1991 S KANNER HWY  
STUART FL 34994** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

561-286-1844

Daytime Phone #

CR2E037 (10/00)