

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90312 012 ****70.00

DOCUMENT # N98000002393

1. Entity Name

VISITING NURSE COMMUNITY CARE, INC.



Principal Place of Business

**2400 SE MONTEREY ROAD
SUITE 301
STUART FL 34996**

Mailing Address

**2400 SE MONTEREY ROAD
SUITE 301
STUART FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0298789**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CDST** ☐ Delete
NAME **CROW, PATRICIA Q**
STREET ADDRESS **2400 SE MONTEREY ROAD, SUITE 300**
CITY-ST-ZIP **STUART FL 34994**

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

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 **D** ☐ Delete
NAME **KENNEY, KEVIN M**
STREET ADDRESS **1991 S KANNER HWY**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED Donald R. Crow 3/31/03 772-286-1844

CR2E037 (10/02)