

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091023

1. Entity Name

VISITING NURSE MANAGED CARE CORPORATION

Principal Place of Business

Mailing Address

7715 NW 48 STREET  
3RD FLOOR  
MIAMI FL 33166  
US

7715 NW 48 STREET  
3RD FLOOR  
MIAMI FL 33166  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 370

SUITE 370

City & State

City & State

4. FEI Number 65-0788956

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

JOBLOVE, RICHARD P ESQ  
NATURMAN & JOBLOVE, P.A.  
9500 SOUTH DADELAND BLVD. #610  
MIAMI FL 33158-2848

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREDA, JORGE A	
STREET ADDRESS	7715 NW 48TH ST 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOBLOVE, KAREN A	
STREET ADDRESS	7715 NW 48TH ST 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FUENTES, GUS JR	
STREET ADDRESS	7715 NW 48TH ST 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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  
Jorge A. Pereda, President

1/05/01 (305) 477-9723

Date

Daytime Phone #

0207185

CR2E034 (10/00)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90072 005 \*\*\*158.75

00000000



DO NOT WRITE IN THIS SPACE