

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000091023

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** VISITING NURSE MANAGED CARE CORPORATION

**Current Principal Place of Business:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 US

**New Mailing Address:**

**FEI Number:** 65-0788956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALE, DONNA  
14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 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:** CM  
**Name:** RODRIGUEZ, RAUL  
**Address:** 14101 COMMERCE WAY  
**City-St-Zip:** MIAMI, LAKES, FL 33016

**Title:** P  
**Name:** PEREDA, JORGE A  
**Address:** 14101 COMMERCE WAY  
**City-St-Zip:** MIAMI, LAKES, FL 33016

**Title:** VP  
**Name:** JOBLOVE, KAREN R  
**Address:** 14101 COMMERCE WAY  
**City-St-Zip:** MIAMI, LAKES, FL 33016

**Title:** VP  
**Name:** PINO, PAUL  
**Address:** 14101 COMMERCE WAY  
**City-St-Zip:** MIAMI, LAKES, FL 33016

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DONNA GALE

RA

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date