

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000091023

FILED  
Jan 13, 2003  
Secretary of State

Entity Name: VISITING NURSE MANAGED CARE CORPORATION

## Current Principal Place of Business:

7715 NW 48 STREET  
STE 370  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

7715 NW 48 STREET  
STE 370  
MIAMI, FL 33166 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:

JOBLOVE, RICHARD P ESQ  
12372 SE 82ND AVE., FIRST FLOOR  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

JOBLOVE, RICHARD P ESQ  
12372 SW 82 AVE, FIRST FLOOR  
MIAMI, FL 33156 US

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:

01/13/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PEREDA, JORGE A,  
Address: 7715 NW 48TH ST 3RD FLOOR  
City-St-Zip: MIAMI, FL 33166

Title: VD ( ) Delete  
Name: JOBLOVE, KAREN A  
Address: 7715 NW 48TH ST 3RD FLOOR  
City-St-Zip: MIAMI, FL 33166

Title: STD ( ) Delete  
Name: FUENTES, GUS JR  
Address: 7715 NW 48TH ST 3RD FLOOR  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GUS FUENTES, JR.

STD

01/13/2003

Electronic Signature of Signing Officer or Director

Date