FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06950 (2)

1. Corporation Name

VNA HEALTHCARE GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O THOMAS W. SKEMP 600 COURTLAND ST. STE 500 ORLANDO FL 32804	C/O THOMAS W. SKEMP 600 COURTLAND ST. STE 500 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2498794 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SKEMP, THOMAS W.
600 COURTLAND ST, STE 500
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BAKER, PAULA	1.2 NAME	Davis, Michael
STREET ADDRESS	1111 S LAKEMONT AVE #101	1.3 STREET ADDRESS	493 E. Semoran Blvd.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE		2.1 TITLE	CD ☐ Change ☒ Addition
NAME		2.2 NAME	Bernstein, Raymond
STREET ADDRESS		2.3 STREET ADDRESS	1925 Mizell Ave., #104
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		3.1 TITLE	TD ☐ Change ☒ Addition
NAME		3.2 NAME	Skemp, Thomas W.
STREET ADDRESS		3.3 STREET ADDRESS	600 Courtland St., #500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Barone, Armand
STREET ADDRESS		4.3 STREET ADDRESS	950 Hedgewood Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		5.1 TITLE	SD ☐ Change ☒ Addition
NAME		5.2 NAME	Dixon, Mary Lou
STREET ADDRESS		5.3 STREET ADDRESS	100 South Ashley Dr., #980
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Wallick, Charles A.
STREET ADDRESS		6.3 STREET ADDRESS	2140 Highway 434
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Longwood, FL 32779

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: Thomas W. Skemp Thomas W. Skemp 3/10/95 (407) 645-5371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004284