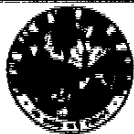


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**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

DOCUMENT # N06950 (2)

1. Corporation Name

VNA HEALTHCARE GROUP OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **BAKER, PAULA**
STREET ADDRESS **1111 S LAKEMONT AVE #101**
CITY - ST - ZIP **WINTER PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Davis, Michael**

1.3 STREET ADDRESS **493 E. Semoran Blvd.**

1.4 CITY - ST - ZIP **Casselberry, FL 32707**

2.1 TITLE **CD** ☐ Change ☒ Addition

2.2 NAME **Bernstein, Raymond**

2.3 STREET ADDRESS **1925 Mizell Ave., #104**

2.4 CITY - ST - ZIP **Winter Park, FL 32792**

3.1 TITLE **TD** ☐ Change ☒ Addition

3.2 NAME **Skemp, Thomas W.**

3.3 STREET ADDRESS **600 Courtland St., #500**

3.4 CITY - ST - ZIP **Orlando, FL 32804**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Barone, Armand**

4.3 STREET ADDRESS **950 Hedgewood Ct.**

4.4 CITY - ST - ZIP **Winter Park, FL 32792**

5.1 TITLE **SD** ☐ Change ☒ Addition

5.2 NAME **Dixon, Mary Lou**

5.3 STREET ADDRESS **100 South Ashley Dr., #980**

5.4 CITY - ST - ZIP **Tampa, FL 33602**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Wallick, Charles A.**

6.3 STREET ADDRESS **2140 Highway 434**

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 under Section 110.07(3)(k), 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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Skemp

3/10/95

(407) 645-5371

Date

Telephone