

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000083698

**Entity Name:** VISITING NURSE SERVICE OF FLORIDA, INC

**Current Principal Place of Business:**

14201 WEST SUNRISE BLVD  
SUNRISE, FL 33323

**Current Mailing Address:**

14201 WEST SUNRISE BLVD  
SUNRISE, FL 33323

**FEI Number: 80-0262456**

**Certificate of Status Desired: No**

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

BISHOP, JASON  
14201 WEST SUNRISE BLVD  
SUITE 208  
SUNRISE, FL 33323 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BISHOP, JASON  
Address 14201 W SUNRISE BLVD  
City-State-Zip: SUNRISE FL 33323

*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: JASON BISHOP** \_\_\_\_\_

**PRESIDENT**

**03/16/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date