

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 31 PM 12: 53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 710061 (3)

1. Corporation Name  
 VISITING NURSE ASSOCIATION OF PALM BEACH COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 BRANDYWINE CENTRE II 50 VILLAGE BLVD., STE. 250  
 560 VILLAGE BLVD., STE. 250 WEST PALM BEACH FL 33409  
 WEST PALM BEACH FL 33409 US

3. Date Incorporated or Qualified 12/16/1965  
 3a. Date of Last Report 03/08/1994  
 4. FEI Number 59-0638501  
 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  FILING FEE IS \$61.25  
 8. This corporation has liability for intangible tax under s. 199, USA, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
 ZIELINSKI, A. ANN  
 6080A OKEECHOBEE BLVD.  
 WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent  
 81 Name A. ANN ZIELINSKI  
 82 Street Address (P.O. Box Number is Not Acceptable) 560 VILLAGE BLVD., STE. 250  
 83  
 84 City WEST PALM BEACH FL 85 Zip Code 33409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of acquisition (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STAMBAUGH, JERRY
STREET ADDRESS	560 VILLAGE BLVD., #250
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	PD
NAME	ZIELINSKI, A. ANN
STREET ADDRESS	6080A OKEECHOBEE BLVD.
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	CIANFRONE, MARTHA
STREET ADDRESS	560 VILLAGE BLVD., #250
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	LARCHE, MARJORIE
STREET ADDRESS	560 VILLAGE BLVD., #250
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	TURNER, PEGGY
STREET ADDRESS	560 VILLAGE BLVD., #250
CITY - ST - ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	560 VILLAGE BLVD., STE. 250
24 CITY - ST - ZIP	WEST PALM BEACH, FL 33409
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	S DYMERSKI, PATRICIA
63 STREET ADDRESS	560 VILLAGE BLVD., STE. 250
64 CITY - ST - ZIP	WEST PALM BEACH, FL 33409

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 110.07(3)(a), 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 an address.

SIGNATURE: Patricia A. Dymerski 7/21/95 407 689 7862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (3-95)