

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. 199.032, 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
 Change Addition
 11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS 560 VILLAGE BLVD., STE. 250
 24 CITY - ST - ZIP WEST PALM BEACH, FL 33409
 Change Addition
 31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP
 Change Addition
 41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP
 Change Addition
 51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 Change Addition
 61 TITLE S
 62 NAME 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)