

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710061 (3)

1. Corporation Name

VISITING NURSE ASSOCIATION OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

**BRANDYWINE CENTRE II
560 VILLAGE BLVD., STE. 250
WEST PALM BEACH FL 33409
US**

**BRANDYWINE CENTRE II
50 VILLAGE BLVD., STE. 250
WEST PALM BEACH FL 33409
US**

3. Date Incorporated or Qualified
12/16/1965

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

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**

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

**ZIELINSKI, A. AN
560 VILLAGE BLVD. STE. 250
WEST PALM BEACH FL 33409**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **STAMBAUGH, JERRY**
STREET ADDRESS **560 VILLAGE BLVD., #250**
CITY-ST-ZIP **WEST PALM BEACH FL**

11 TITLE **CD** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **ZIELINSKI, A. ANN**
STREET ADDRESS **560 VILLAGE BLVD., STE. 250**
CITY-ST-ZIP **WEST PALM BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CIANFRONE, MARTHA**
STREET ADDRESS **560 VILLAGE BLVD., #250**
CITY-ST-ZIP **WEST PALM BEACH FL**

31 TITLE **VCD** ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LARCHE, MARJORIE**
STREET ADDRESS **560 VILLAGE BLVD., #250**
CITY-ST-ZIP **WEST PALM BEACH FL**

41 TITLE **VPD** ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TURNER, PEGGY**
STREET ADDRESS **560 VILLAGE BLVD., #250**
CITY-ST-ZIP **WEST PALM BEACH FL**

51 TITLE **VPD** ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **DYMERSKI, PATRICIA**
STREET ADDRESS **560 VILLAGE BLVD. STE. 250**
CITY-ST-ZIP **WEST PALM BEACH FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(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 an address.

SIGNATURE:

Patricia S. Dymerski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407)689 7862
Date Daytime Phone #

CR2E037 (12/95)