

**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

3. Date Incorporated or Qualified 12/16/1965  
3a. Date of Last Report 07/31/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-0638501	Applied For	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	28	Zip	29	Country
30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> 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 STAMBAUGH, JERRY <input type="checkbox"/> DELETE	11 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 VILLAGE BLVD., #250	12 NAME	
STREET ADDRESS	WEST PALM BEACH FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	PD ZIELINSKI, A. ANN <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 VILLAGE BLVD., STE. 250	22 NAME	
STREET ADDRESS	WEST PALM BEACH FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D CIANFRONE, MARTHA <input type="checkbox"/> DELETE	31 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 VILLAGE BLVD., #250	32 NAME	
STREET ADDRESS	WEST PALM BEACH FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D LARCHE, MARJORIE <input type="checkbox"/> DELETE	41 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 VILLAGE BLVD., #250	42 NAME	
STREET ADDRESS	WEST PALM BEACH FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D TURNER, PEGGY <input type="checkbox"/> DELETE	51 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 VILLAGE BLVD., #250	52 NAME	
STREET ADDRESS	WEST PALM BEACH FL	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	S DYMERSKI, PATRICIA <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 VILLAGE BLVD. STE. 250	62 NAME	
STREET ADDRESS	WEST PALM BEACH FL	63 STREET ADDRESS	
CITY-ST-ZIP		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 A. Dymerski 4/29/96 (407)689 7862  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (12/95)