

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

Mailing Address
**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**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**ZIELINSKI, A. AN
560 VILLAGE BLVD. STE. 250
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D STAMBAUGH, JERRY**

STREET ADDRESS **560 VILLAGE BLVD., #250**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **PD ZIELINSKI, A. ANN**

STREET ADDRESS **560 VILLAGE BLVD., STE. 250**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **D CIANFRONE, MARTHA**

STREET ADDRESS **560 VILLAGE BLVD., #250**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **D LARCHE, MARJORIE**

STREET ADDRESS **560 VILLAGE BLVD., #250**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **D TURNER, PEGGY**

STREET ADDRESS **560 VILLAGE BLVD., #250**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **S DYMERski, PATRICIA**

STREET ADDRESS **560 VILLAGE BLVD. STE. 250**

CITY-ST-ZIP **WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME **CD**

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME **VCD**

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME **VPD**

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME **VPD**

53 STREET ADDRESS

54 CITY-ST-ZIP

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 4/29/96 (407)689 7862

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (12/95)