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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

505061 - 90146 - 23

DOCUMENT # **711056**

1. Corporation Name

VISITING NURSES ASSOCIATION OF SOUTHWEST FLORIDA , INC.

Principal Place of Business	Mailing Address
4210 METRO PKWY STE 115 FT MYERS FL 33916 US	4210 METRO PKWY STE 115 FT MYERS FL 33916 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2178 McGregor Blvd.	26 2178 McGregor Blvd.	06/16/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-6175593 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33901 Country 25	Zip 29 33901 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VANN, ANNA L 4210 METRO PARKWAY STE 115 FT MYERS FL 33916	81 Name: Anna L. Vann 82 Street Address (P.O. Box Number is Not Acceptable): 2178 McGregor Blvd. 83 84 City: Fort Myers **FL** 85 Zip Code: 33901

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: Anna L. Vann — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: April 30 1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WICHTERMAN, GEORGE 15191 HOMESTEAD RD LEHIGH ACRES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Anna L. Vann 2178 McGregor Blvd. Fort Myers, FL 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FALLERT HELEN 5099 FAIRFIELD DR FT MYERS, FL 0	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ELLIS, MICHAEL W 2348 SYCAMORE STREET ST. JAMES CITY FL 33959	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LINCOLN, MARJE 15565 S TAMIAMI TR FT MYERS FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISLEY, JOSEPH K JR 11550 MCGREGOR BLVD. FT MYERS FL 33919	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FOWLER, BESSIE C. 1828 MONTE VISTA FT MYERS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D	☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Anna L. Vann SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 1999 — Date

941-337-4848 — Daytime Phone #

CR2E037 (11/98)