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 # **743335** **(2)**

1. Corporation Name

VISITING NURSE ASSOCIATION OF MARTIN/ST. LUCIE C OUNTY, INC.

Principal Place of Business	Mailing Address
2400 SE MONTEREY RD STE 100 STUART FL 34996 US	2400 SE MONTEREY RD STE 100 STUART FL 34996 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/20/1978**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-1814769** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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

CROW, PATRICIA Q.
2400 SE MONTEREY RD
STE 100
STUART FL 34996

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	D/V	XX Change ☐ Addition
NAME	KENNEY, KEVIN		1.2 NAME		
STREET ADDRESS	440 OSCEOLA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 33494		1.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROW, PATRICIA Q.		2.2 NAME		
STREET ADDRESS	2400 SE MONTEREY RD STE 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000		2.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	3.1 TITLE	D/P	XX Change ☐ Addition
NAME	FRASIER, STEPHEN		3.2 NAME		
STREET ADDRESS	215 S FED HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000		3.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	4.1 TITLE	D/T	XX Change ☐ Addition
NAME	JOHNSTON, FRED		4.2 NAME	300001786473 -04/19/96--01007--033 ***70.00	
STREET ADDRESS	334 SE NARANJA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		4.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	5.1 TITLE	D/S	XX Change ☐ Addition
NAME	CROFF, KATHLEEN		5.2 NAME		
STREET ADDRESS	~~900 E OCEAN BLVD~~		5.3 STREET ADDRESS	P.O. Box 9012 "N/A"	
CITY-ST-ZIP	~~STUART FL~~		5.4 CITY-ST-ZIP	Stuart, FL 34995	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	IANNOTTI, NICHOLAS M		6.2 NAME		
STREET ADDRESS	1801 SE HILLMOOR DR STE B101		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP		

418-96

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 Q Crow April 2, 1996 407-286-1844

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

Patricia Q. Crow

CR2E037 (12/95)