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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 COUNTY, 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 34996-3321 US

3. Date Incorporated or Qualified: **06/20/1978**
3a. Date of Last Report: **04/18/1996**

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 — 24: Country — 25:
Zip — 29: Country — 30:

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 XX 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	DV	☐ DELETE	11 TITLE	D/P	☒ Change ☐ Addition
NAME	KENNEY, KEVIN		12 NAME		
STREET ADDRESS	440 OSCEOLA AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 33494		14 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CROW, PATRICIA Q.		22 NAME		
STREET ADDRESS	2400 SE MONTEREY RD STE 100		23 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000		24 CITY-ST-ZIP		
TITLE	DP	XX DELETE	31 TITLE	D/S	☐ Change XX Addition
NAME	FRASIER, STEPHEN		32 NAME	Ann Decker	
STREET ADDRESS	215 S FED HWY		33 STREET ADDRESS	250 NW Country Club Drive	
CITY-ST-ZIP	STUART, FL 00000		34 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	DT	☐ DELETE	41 TITLE	D/V	☒ Change ☐ Addition
NAME	JOHNSTON, FRED		42 NAME		
STREET ADDRESS	334 SE NARANJA AVE		43 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		44 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	51 TITLE	D/T	☒ Change ☐ Addition
NAME	CROFF, KATHLEEN		52 NAME		
STREET ADDRESS	P.O. BOX 9012 N A		53 STREET ADDRESS	111 East Osceola Avenue	
CITY-ST-ZIP	STUART FL 34995		54 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	IANNOTTI, NICHOLAS M		62 NAME		
STREET ADDRESS	1801 SE HILLMOOR DR STE B101		63 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		64 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.