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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743335** (2)

1. Corporation Name

VISITING NURSE ASSOCIATION OF MARTIN ST LUCIE FLORIDA, INC. 3-5986



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**

3. Date Incorporated or Qualified

06/20/1978

4. FEI Number

59-1814769

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

81 Name

Donald R. Crow

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

Donald R. Crow, CEO

(NOTE: Registered Agent signature required when reinstating)

4/24/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DP
KENNEY, KEVIN
440 OSCEOLA AVE.
STUART, FL 33494**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**DC
CROW, PATRICIA Q.
2400 SE MONTEREY RD STE 100
STUART, FL 00000**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**DS
DECKER, ANN
250 NW COUNTRY CLUB DRIVE
PORT ST LUCIE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**DV
JOHNSTON, FRED
334 SE NARANJA AVE
PT ST LUCIE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**DT
CROFF, KATHLEEN
111 EAST OSCEOLA AVE
STUART FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
IANNOTTI, NICHOLAS M
1801 SE HILLMOOR DR STE B101
PORT ST LUCIE FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002526948

-05/18/98--01043--036

*****70.00**

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.

SIGNATURE:

CR2E037 (10/97)