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04-26-1999 90088 037 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 743335

1. Corporation Name
VISITING NURSE ASSOCIATION OF FLORIDA, 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	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/20/1978
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300	4. FEI Number 59-1814769 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CROW, DONALD R.
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 Suite 300

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	DP	☐ DELETE	1.1 TITLE		☐ 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	D	☐ 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	Suite 300	
CITY-ST-ZIP	STUART, FL 00000		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DECKER, ANN		3.2 NAME		
STREET ADDRESS	250 NW COUNTRY CLUB DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	FRED JOHNSON		4.2 NAME		
STREET ADDRESS	250 NW COUNTRY CLUB DRIVE		4.3 STREET ADDRESS	334 SE Naranja Avenue	
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP	Port St. Lucie, FL	
TITLE	DS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CROFF, KATHLEEN		5.2 NAME		
STREET ADDRESS	111 EAST OSCEOLA AVE		5.3 STREET ADDRESS	1593 NW Spruce Ridge Drive	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
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		

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: SIGNATURE REQUIRED 4/15/99 561-286-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)