

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 026 ****61.25

DOCUMENT # 743335
 1. Entity Name
 VISITING NURSE ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
 2400 S.E. MONTEREY RD., STE. 300 2400 S.E. MONTEREY RD., STE. 300
 STUART, FL 34996 US STUART, FL 34996 US

04014025



DO NOT WRITE IN THIS SPACE

01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1814769 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CROW, DONALD R.
 2400 S.E. MONTEREY RD., STE. 300
 STUART, FL 34996

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KENNEY, KEVIN
STREET ADDRESS	1991 S KANNER HWY
CITY-ST-ZIP	STUART, FL 33494
TITLE	EV
NAME	CROW, PATRICIA Q
STREET ADDRESS	2400 S.E. MONTEREY RD., STE. 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	TD
NAME	DECKER ANN Peter Dayton, MD
STREET ADDRESS	PO BOX 407 1815 S. Kanner Highway
CITY-ST-ZIP	JENSEN BEACH, FL 34958 Stuart, FL 34994
TITLE	VD
NAME	JOHNSTON, FRED
STREET ADDRESS	334 SE NARANJA AVENUE
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	SD
NAME	WHEELER, GREGORY L
STREET ADDRESS	2201 SE KINGSWOOD TERRACE
CITY-ST-ZIP	STUART, FL 34996
TITLE	CD
NAME	CROW, DONALD R
STREET ADDRESS	2400 S.E. MONTEREY RD., STE. 300
CITY-ST-ZIP	STUART, FL 34996

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ 2-18-09 (772) 286-1844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #