# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 13, 2007**
**Secretary of State**

DOCUMENT# 743335

**Entity Name:** VISITING NURSE ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

2400 S.E. MONTEREY RD., STE. 300
STUART, FL 34996 US

**New Principal Place of Business:**

2400 S.E. MONTEREY RD.
STE. 300
STUART, FL 34996 US

**Current Mailing Address:**

2400 S.E. MONTEREY RD., STE. 300
STUART, FL 34996 US

**New Mailing Address:**

**FEI Number: 59-1814769** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

CROW, DONALD R.
2400 S.E. MONTEREY RD., STE. 300
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | CD | ( ) Delete |
| Name: | KENNEY, KEVIN | |
| Address: | 1991 S KANNER HWY | |
| City-St-Zip: | STUART, FL 33494 | |
| Title: | ED | ( ) Delete |
| Name: | CROW, PATRICIA Q | |
| Address: | 2400 S.E. MONTEREY RD., STE. 300 | |
| City-St-Zip: | STUART, FL 34996 US | |
| Title: | TD | ( ) Delete |
| Name: | DAYTON, PETER M.D. | |
| Address: | 1815 S. KANNER HWY | |
| City-St-Zip: | STUART, FL 34994 US | |
| Title: | VD | ( ) Delete |
| Name: | JOHNSTON, FRED | |
| Address: | 334 SE NARANJA AVENUE | |
| City-St-Zip: | PORT ST LUCIE, FL 34983 US | |
| Title: | SD | ( ) Delete |
| Name: | WHEELER, GREGORY L | |
| Address: | 2201 SE KINGSWOOD TERRACE | |
| City-St-Zip: | STUART, FL 34996 | |
| Title: | PD | ( ) Delete |
| Name: | CROW, DONALD R | |
| Address: | 2400 S.E. MONTEREY RD., STE. 300 | |
| City-St-Zip: | STUART, FL 34996 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. CROW PD 07/13/2007

Electronic Signature of Signing Officer or Director — Date