

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743335

FILED
Apr 01, 2009
Secretary of State

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:

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 ()

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
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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

04/01/2009

Electronic Signature of Signing Officer or Director

Date