

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759594

FILED
Jun 23, 2009
Secretary of State

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

Current Principal Place of Business:

COMMUNITY CARE FOR THE ELDERLY
3113 LAWTON ROAD, SUITE 250
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

COMMUNITY CARE FOR THE ELDERLY
3113 LAWTON ROAD, SUITE 250
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2160730 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

LORENZ, MARSHA
3113 LAWTON RD, SUITE 250
ORLANDO, FL 32803 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: CH () Delete
Name: CLARK, SCOTT
Address: 3113 LAWTON RD, STE 250
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: ARNOTT, SHEARON
Address: 3113 LAWTON RD, STE 250
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: HAGE, MICHELLE
Address: 2825 HAWTHORNE ST.
City-St-Zip: ORLANDO, FL 32806

Title: VCH () Delete
Name: LUBLIN, STEVEN
Address: 965 LAKEVOEW DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WIELAND, MARIE
Address: 2807 MARSALA
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: KASSAB, JERRY
Address: 1159 BRANTLEY ESTATES
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: D (X) Change () Addition
Name: LUBLIN, STEVEN
Address: 965 LAKEVOEW DRIVE
City-St-Zip: WINTER PARK, FL 32789

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: SUSAN L. KENARD

CFO

06/23/2009

Electronic Signature of Signing Officer or Director

Date