

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759594

FILED  
Apr 23, 2010  
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)**

**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  
Name: ROYAL, GEORGE  
Address: 1560 ORANGE AVE, STE 750  
City-St-Zip: WINTER PARK, FL 32789

Title: T  
Name: GAY, JOHN  
Address: 221 N.E. IVANHOE BLVD STE 330  
City-St-Zip: ORLANDO, FL 32804

Title: S  
Name: HAGE, MICHELLE  
Address: 2855 HAWTHORNE ST.  
City-St-Zip: ORLANDO, FL 32806

Title: VC  
Name: KASSAB, JERRY  
Address: 1800 MERCY DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32808

Title: VC  
Name: HIGGINS, ROBERT  
Address: 215 NORTH EOLA DRIVE  
City-St-Zip: ORLANDO, FL 32802

I hereby 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 all other like empowered.

SIGNATURE: HARLENE REID

DF

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date