FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # 764980 (9)

1. Corporation Name
VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

Principal Place of Business	Mailing Address
1111 36TH STREET VERO BEACH FL 32960-3514	1111 36TH STREET VERO BEACH FL 32960-3514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1982
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2402136 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KENNEDY, SHARON L.
1111 - 36TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sharon L. Kennedy 1/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	BLYTHE, PATTY	1.2 NAME		
STREET ADDRESS	730 PAINTED BUNTING LN.	1.3 STREET ADDRESS	895 - 90TH Avenue	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	DC	2.1 TITLE		☐ Change ☐ Addition
NAME	COX, CYNTHIA P.A.	2.2 NAME		
STREET ADDRESS	1432 21 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	JARVI, JOY	3.2 NAME		
STREET ADDRESS	990 CARIB LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	ST. CLAIR, JIM	4.2 NAME		
STREET ADDRESS	2074 OCEAN RIDGE CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, SHARON L	5.2 NAME		
STREET ADDRESS	1111 36TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL	5.4 CITY-ST-ZIP		
TITLE	DVC	6.1 TITLE	V	☒ Change ☐ Addition
NAME	HUBBARD, ALLAN S	6.2 NAME	SUSAN BAXTER Gibson	
STREET ADDRESS	1975 MOORINGLINE DR.	6.3 STREET ADDRESS	1111 - 36TH Street	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	Vero Beach, FL 32960	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Baxter Gibson SUSAN BAXTER GIBSON 1/16/95 407-567-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004901