2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
09-12-2000 90149 018 ****61.25

DOCUMENT # 764980

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2402136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNEDY, SHARON L. 1111 36TH STREET VERO BEACH FL 32960	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KORNICKS, MARGOT 1111 36TH ST VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KANAREK, CAROL 1241 POITRAS DR VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, HAL 16 PARK AVE VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VCD~~ ST CLAIR, JIM 2074 OCEAN RIDGE CIRCLE VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO KENNEDY, SHARON L 1111 36TH ST VERO BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD UMLAND, PENNY 2046 WINDWARD WY VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON KENNEDY, PRES/CEO Sharon S. Kennedy 9-1-00 561 567-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
764980
D08543 3

VNA Hospice of Indian River County, Inc.
FEI Number 59-2402136
Additional Officers and Directors 2000-2001, Directors terms expiring April 2001

VP	VCD	TD
Brian Walsh	Dorothy Hindert	Howard Gray
1111 36th Street	25 Plantation Drive #106	700 Beach Road #260
Vero Beach, FL 32960	Vero Beach, FL 32966	Vero Beach, FL 32963

Directors:

Louis Roque, DDS	Judy Caldwell	Helen Murphy	Mildred Winne
1956 41st Avenue #D	620 Indian Harbor Road	1963 Olde Bridge	2096 Windward Way
Vero Beach, FL 32960	Vero Beach, FL 32963	Vero Beach, FL 32966	Vero Beach, FL 32963

Birgitte McKinney	Dr. Seth Rhodes
4810 Bethel Creek Dr #1	610 Fox Run SW
Vero Beach, FL 32963	Vero Beach, FL 32962