2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am § Secretary of State **DOCUMENT # 764980** 1. Entity Name VNA HOSPICE OF INDIAN RIVER COUNTY, INC. 03-12-2001 90436 038 ****61.25 Principal Place of Business Mailing Address 1111 36TH STREET 1111 36TH STREET VERO BEACH FL 32960-3514 VERO BEACH FL 32960-3514 929313 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FÉI Number 59-2402136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----Street Address (P.O. Box Number is Not Acceptable) KENNEDY, SHARON L. 1111 - 36TH STREET VERO BEACH FL 32960 Zip Code City FL 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete KORNICKS, MARGOT NAME NAME 1111 36TH ST STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP CD Addition ☐ Delete TITLE Change TITLE KANAREK, CAROL NAME NAME 1241 POITRAS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL n TITLE ☐ Change ☐ Addition TITLE x Delete LEWIS, HAL NAME NAME 16 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ¥60- ☐ Delete k Change ☐ Addition TITLE TITLE ST CLAIR, JIM NAME NAME 2074 OCEAN RIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP PCE0 TITLE ☐ Delete TITLE Change ☐ Addition KENNEDY, SHARON L NAME NAME 1111 36TH ST STREET ADDRESS STREET ADDRESS

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 received retrustee 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 attachme with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

VERO BCH. FL

UMLAND, PENNY

VERO BEACH FL

2046 WINDWARD WY

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

561567 5551

Change

Addition

Daytime Phone #

AHachment 429313 #764980

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

Vero Beach, FL 32966

Vero Beach, FL 32963

Directors:

Louis Roque, DDS 1956 41st Avenue #D Judy Caldwell

Helen Murphy

Mildred Winne

1956 41st Avenue #D Vero Beach, FL 32960 620 Indian Harbor Road Vero Beach, FL 32963 1963 Olde Bridge Vero Beach, FL 32966 2096 Windward Way Vero Beach, FL 32963

Birgitte McKinney. 4810 Bethel Creek Dr #1

4810 Bethel Creek Dr #1 Vero Beach, FL 32963 Vero Beach, FL 32962