

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90029 001 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2402136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROOME, SHARON K.
 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

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	CD KANAREK, CAROL 1241 POITRAS DR VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, HAL 16 PARK AVE VERO BEACH FL	☒ Delete
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	PCEO KENNEDY, SHARON L 1111 36TH ST VERO BCH. FL	☐ Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDWELL, JUDY 620 Indian Harbor Rd Vero Beach FL 32963	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ST CLAIR, JIM 3074 OCEAN RIDGE CIRCLE VERO BEACH FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOME, SHARON K.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON K. BROOME 2/4/02 561-978-5577

Date

Daytime Phone #

CR2E037 (9/01)