2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# 764980

Entity Name: VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1111 36TH STREET
VERO BEACH, FL 329603514

New Principal Place of Business:

Current Mailing Address:

1111 36TH STREET
VERO BEACH, FL 329603514

New Mailing Address:

FEI Number: 59-2402136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOME, SHARON K.
1111 - 36TH STREET
VERO BEACH, FL 32960 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: CD ( ) Delete
Name: MCKINNEY, BIRGITTE
Address: 4810 BETHAL CREEK DR., #1
City-St-Zip: VERO BEACH, FL 32963

Title: VD ( ) Delete
Name: ROQUE, LOUIS DR
Address: 1956 41ST AVE., STE D
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete
Name: RHODES, SETH DR
Address: 610 FOX RUN S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: PCEO ( ) Delete
Name: BROOME, SHARON K
Address: 1111 36TH ST
City-St-Zip: VERO BCH., FL

Title: SD ( ) Delete
Name: UMLAND, PENNY
Address: 2046 WINDWARD WY
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: GRAY, HOWARD
Address: 700 BEACH ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: VD (X) Change ( ) Addition
Name: HENDRIX, KATHY
Address: 700 HOLLY ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HOWARD GRAY CD 01/09/2004
Electronic Signature of Signing Officer or Director — Date