2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # 764980** 1. Entity Name 02-23-2005 90069 049 ****61.25 VNA HOSPICE OF INDIAN RIVER COUNTY, INC. Principal Place of Business Mailing Address 1111-36TH STREET ///035# Lane 1411 36TH STREET 1/10 35th Lane VERO BEACH FL 32960-3514 2001/224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 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 Name BROOME, SHARON K. Street Address (P.O. Box Number is Not Acceptable) 1111 36TH STREET ///D 35 4 Lane VERO BEACH FL 32960 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Change Addition Detete GRAY, HOWARD NAME 700 BEACH ROAD STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete Delete TITLE HENDRIX, KATHY NAME NAME MIGOIDIAD 700 HOLLY ROAD STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition RHODES, SETH DR NAME NAME 610 FOX RUN S.W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32962 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BROOME, SHARON K NAME NAME 1111 36THST ///0 354 Lane STREET ADDRESS STREET ADDRESS VERO BCH. FL CITY-ST-ZIP CITY-ST-ZIP 510 ☐ Delete TITLE ☐ Addition TITLE UMLAND, PENNY NAME NAME 2046 WINDWARD WY STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED