

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764980

FILED
Apr 24, 2006
Secretary of State

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

Current Principal Place of Business:

1110 35TH LANE
VERO BEACH, FL 329603514

New Principal Place of Business:

Current Mailing Address:

1110 35TH LANE
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.
1110 35TH LANE
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: HENDRIX, KATHY
Address: 23 SAILFISH ROAD
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: O'LEARY, MIGDALIA
Address: 2165 SEA MIST COURT
City-St-Zip: VERO BEACH, FL 32963

Title: PCEO () Delete
Name: BROOME, SHARON K
Address: 1110 35TH LANE
City-St-Zip: VERO BCH., FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: SHARON K. BROOME

PCEO

04/24/2006

Electronic Signature of Signing Officer or Director

Date