

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764980

FILED  
Mar 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1110 35TH LANE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1110 35TH LANE  
VERO BEACH, FL 32960

**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:**

EMMONS, REBECCA F ESQ.  
3355 OCEAN DRIVE  
VERO BEACH, FL 32963 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: CH  
Name: CHASE, PETER  
Address: 8855 W ORCHID ISLAND CIRCLE #102  
City-St-Zip: VERO BEACH, FL 32963

Title: VCH  
Name: TIERNEY, TOM  
Address: 6755 4TH STREET  
City-St-Zip: VERO BEACH, FL 32968

Title: SCT  
Name: CROOM, SUSAN A  
Address: 220 SEABREEZE COURT  
City-St-Zip: VERO BEACH, FL 32963

Title: TR  
Name: SMITH, ELIZABETH  
Address: 130 PEPPERTREE DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: PCEO  
Name: JOYCE, BALDRICA E  
Address: 1110 35 TH LANE  
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: JOYCE E. BALDRICA

PCEO

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date