FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H26721** **(1)**

1. Corporation Name
VISITING NURSE SERVICES OF THE TREASURE COAST, I NC.

Principal Place of Business	Mailing Address
440 E OSCEOLA ST STUART FL 34994 US	PO BOX 51 STUART FL 34995 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/22/1984**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-2479312** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CROW, PATRICIA Q.
2400 SE MONTEREY RD, SUITE 100
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KENNEY, KEVIN	1.2 NAME	
STREET ADDRESS	440 E. OSCEOLA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CROW, PATRICIA Q	2.2 NAME	
STREET ADDRESS	2400 SE MONTEREY RD, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	S/T ☒ Change ☐ Addition
NAME	KENNEY, KEVIN	3.2 NAME	
STREET ADDRESS	440 E OSCEOLA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~STAURT FL~~	3.4 CITY-ST-ZIP	Stuart
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	FRASIER, STEPHEN	4.2 NAME	
STREET ADDRESS	215 S FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	~~TD~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~HOLT, WILTHELMA~~	5.2 NAME	
STREET ADDRESS	~~15100 INDIANMOUND DR~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~INDIANTOWN FL~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Iannotti, Nicholas
STREET ADDRESS		6.3 STREET ADDRESS	1801 SE Hillmoor Drive, Suite B-101
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Port St. Lucie, FL 34952

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Q. Crow **April 11, 1995** **407-286-8157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia Q. Crow

CP