

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H26721** (1)

1. Corporation Name

**VISITING NURSE SERVICES OF THE TREASURE COAST, I
NC.**

Principal Place of Business

**440 E OSCEOLA ST
STUART FL 34994
US**

Mailing Address

**PO BOX 51
STUART FL 34995
US**



3. Date Incorporated or Qualified

10/22/1984

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 2400 SE Monterey Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27

City & State

City & State

23 Stuart, FL

28

Zip

Country

Zip

Country

24 34996

25

Martin

29

30

4. FEI Number

59-2479312

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes **XX** No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, director, officer, or shareholder

(NOTE: Registered Agent signature required when registering)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **-D-** ☐ DELETE
NAME **KENNEY, KEVIN**
STREET ADDRESS **440 E. OSCEOLA ST.**
CITY-STATE-ZIP **STUART FL**

1.1 TITLE **D/C** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **PD** ☐ DELETE
NAME **CROW, PATRICIA Q**
STREET ADDRESS **2400 SE MONTEREY RD, SUITE 100**
CITY-STATE-ZIP **STUART FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **-ST-** ☒ DELETE
NAME **~~KENNEY, KEVIN~~**
STREET ADDRESS **~~440 E OSCEOLA ST~~**
CITY-STATE-ZIP **~~STUART FL~~**

3.1 TITLE **S/T** ☐ Change ☒ Addition
3.2 NAME **Cramer, Gary**
3.3 STREET ADDRESS **900 S. Federal Highway**
3.4 CITY-STATE-ZIP **Stuart, FL 34994**

TITLE **-CD-** ☐ DELETE
NAME **FRASIER, STEPHEN**
STREET ADDRESS **215 S FEDERAL HWY**
CITY-STATE-ZIP **STUART FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **-TD-** ☒ DELETE
NAME **~~HOLT, WILHELMA~~**
STREET ADDRESS **~~15186 INDIANMOUND DR~~**
CITY-STATE-ZIP **~~INDIANTOWN FL~~**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Swetland, Elaine**
5.3 STREET ADDRESS **107 SE Beech Tree Lane**
5.4 CITY-STATE-ZIP **Stuart, FL 34994**

TITLE **D** ☐ DELETE
NAME **IANNOTTI, NICHOLAS**
STREET ADDRESS **1801 S.E. HILLMOOR DRIVE, SUITE #B-101**
CITY-STATE-ZIP **PORT ST. LUCIE FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Q. Crow

April 2, 1996

407-286-1844

CR2E034 (12/95)