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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # H26721 (1)

1. Corporation Name

VISITING NURSE SERVICES OF THE TREASURE COAST, I
NC.

Principal Place of Business

2400 SE MONTEREY RD.
STE 100
STUART FL 34996
US

Mailing Address

PO BOX 51
STUART FL 34985-0051
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME KENNEY, KEVIN
STREET ADDRESS 440 E. OSCEOLA ST.
CITY- ST- ZIP STUART FL

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

TITLE ST
NAME CRAMER, GARY
STREET ADDRESS 900 S. FEDERAL HWY
CITY- ST- ZIP STUART FL

TITLE D
NAME FRASIER, STEPHEN
STREET ADDRESS 2155 FEDERAL HWY
CITY- ST- ZIP STUART FL

TITLE D
NAME SWETLAND, ELAINE
STREET ADDRESS 107 SE BEECH TREE LANE
CITY- ST- ZIP STUART FL

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

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE D/C
4.2 NAME
4.3 STREET ADDRESS 2400 SE Monterey Road, Suite 100
4.4 CITY- ST- ZIP Stuart, FL 34996

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

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

14. I do 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 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 8, 1997

561-286-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0472003

CR2E034 (9/96)