

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

99 JUN -9 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H26721

1. Corporation Name

VISITING NURSE SERVICES OF THE TREASURE COAST, INC.

Principal Place of Business

2400 SE MONTEREY RD.
STE 100
STUART FL 34996
US

Mailing Address

2400 S.E. MONTEREY ROAD
SUITE 301
STUART FL 34996
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22 Suite 301

City & State

23

Zip

Country

26

Suite, Apt. #, etc.

27 Suite 301

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CROW, DONALD R
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

3. Date Incorporated or Qualified

10/22/1984

4. FEI Number

59-2479312

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

7

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes

X No

10. Name and Address of New Registered Agent

I, 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

D

DELETE

NAME

KENNEY, KEVIN

STREET ADDRESS

440 E. OSCEOLA ST.

CITY-ST-ZIP

STUART FL

TITLE

DS

DELETE

NAME

CROW, PATRICIA O

STREET ADDRESS

2400 SE MONTEREY RD, SUITE 100

CITY-ST-ZIP

STUART FL

TITLE

ST

DELETE

NAME

CRAMER, GARY

STREET ADDRESS

1003 S.W. POPLAR COURT

CITY-ST-ZIP

PALM CITY FL 34990

TITLE

DC

DELETE

NAME

FRASIER, STEPHEN

STREET ADDRESS

2400 SE MONTEREY ROAD, #100

CITY-ST-ZIP

STUART FL

TITLE

D

DELETE

NAME

IANNOTTI, NICHOLAS

STREET ADDRESS

1801 S.E. HILLMOOR DRIVE, SUITE #B-101

CITY-ST-ZIP

PORT ST. LUCIE FL

TITLE

DP

DELETE

NAME

CROW, DONALD R

STREET ADDRESS

2400 SE MONTEREY RD., SUITE 100

CITY-ST-ZIP

STUART FL 34996

1.1 TITLE

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

Change Addition

Change Addition

Change Addition

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14. I 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 with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

561-286-1844

0515172

CR02E034 (11/98)