

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26721

FILED
Mar 30, 2009
Secretary of State

Entity Name: VISITING NURSE SERVICES OF THE TREASURE COAST, INC.

Current Principal Place of Business:

2400 SE MONTEREY RD.
STE 300
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2400 SE MONTEREY RD.
STE 300
STUART, FL 34996 US

New Mailing Address:

FEI Number: 59-2479312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROW, DONALD R
2400 SE MONTEREY RD, SUITE 300
STUART, FL 34996 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: KENNEY, KEVIN
Address: 1991 S KANNER HWY
City-St-Zip: STUART, FL

Title: DC () Delete
Name: CROW, PATRICIA Q
Address: 2400 SE MONTEREY RD, SUITE 300
City-St-Zip: STUART, FL

Title: D () Delete
Name: IANNOTTI, NICHOLAS MD
Address: 1801 S.E. HILLMOOR DRIVE, SUITE #B-101
City-St-Zip: PORT ST. LUCIE, FL

Title: DP () Delete
Name: CROW, DONALD R
Address: 2400 SE MONTEREY RD SUITE 300
City-St-Zip: STUART, FL 34996 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. CROW

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date