

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

FILED

Mar 03 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # M80794 (4)
1. Corporation Name
VISITING NURSE CORPORATIONS OF FLORIDA, INC.

Principal Place of Business

1319 WILLIAM STREET
KEY WEST FL 33040-2359

Mailing Address

1319 WILLIAM STREET
KEY WEST FL 33040-4736

2. Principal Place of Business

21 600 Courtland St

Suite, Apt. #, etc.

22 500

City & State

23 Orlando, FL

Zip

24 32804

Country

25 Orange

2a. Mailing Address

26 600 Courtland St

Suite, Apt. #, etc.

27 500

City & State

28 Orlando, FL

Zip

29 32804

Country

30 Orange

3. Date Incorporated or Qualified

05/13/1988

3a. Date of Last Report

02/07/1996

4. FEI Number

65-0052881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

KERN, LIZ
1319 WILLIAM STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

Sharon Kennedy

82 Street Address (P.O. Box Number is Not Acceptable)

1111 36th Street

83

84 City

Vero Beach

FL

85 Zip Code
32960

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 type for printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SKEMP, TOM
600 COURTLAND ST. #500
ORLANDO FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
KERN, LIZ
1319 WILLIAM STREET
KEY WEST FL☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KENNEDY, SHARON
1111 36TH STREET
VERO BEACH FL☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
FUENTES, GUS
3900 NW 79TH AVE #728
MIAMI FL☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
CD
Sharon Kennedy
1111 36th Street
Vero Beach, FL 32960
☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD
Donald Crow
2400 SE Monterey Road
Stuart, FL 34996
☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VD
Anna Vann
4210 Metro Parkway, #115
Ft Myers, FL 33916
☒ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon L. Kennedy SHARON L. KENNEDY 1/23/97 361-567-5551

CR2E034 (9/96)