

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR 19 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10967** (0)
1. Corporation Name
VNA NURSING SERVICES OF NORTH FLORIDA, INC.

900001459949
-04/19/95--01014--008
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
421 WEST CHURCH STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **09/05/1985** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2708415** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FOUTS, ROY
421 W CHURCH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is not acceptable) **900001459949**
-04/19/95--01014--009
83 *******27.50 *****8.75**
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, JOYCE 421 W CHURCH ST JACKSONVILLE FL 32202-4139 delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKINNER, RICHARD 421 W CHURCH ST JACKSONVILLE FL 32202-4139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Q BROWN, ROBERT, SR 421 W CHURCH ST JACKSONVILLE FL 32202-4139 delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITMORE, GARY 421 W CHURCH ST JACKSONVILLE FL 32202-4139 delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, PATRICIA 421 W CHURCH ST JACKSONVILLE FL 32202-4139 delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOUSTON, CLANCY 421 W CHURCH ST JACKSONVILLE FL 32202-4139 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Grimes, Becky 421 West Church Street Jacksonville, FL 32202-4139
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Lynagh, William 421 West Church Street Jacksonville, Florida 32202-4139
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/C Powell, Anita 421 West Church Street Jacksonville, Florida 32202-4139
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Fouts, Roy 421 West Church Street Jacksonville, Florida 32202-4139
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Billingsley, Kathy 421 West Church Street Jacksonville, Florida 32202-4139

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4-19-95** (400) 798-1720
Be 4/19 0801187