

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

Principal Place of Business: 421 WEST CHURCH STREET JACKSONVILLE FL 32202-4139
Mailing Address: 421 WEST CHURCH STREET JACKSONVILLE FL 32202-4139

3. Date Incorporated or Qualified: 09/05/1985
3a. Date of Last Report: 04/18/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2708415	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FOUTS, ROY 421 WEST CHURCH STREET JACKSONVILLE FL 32202-4139		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	FL	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, BECKY	1.2 NAME	
STREET ADDRESS	421 WEST CHURCH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-4139	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNAGH, WILLIAM	2.2 NAME	FOSTER, PAT
STREET ADDRESS	421 WEST CHURCH STREET	2.3 STREET ADDRESS	421 WEST CHURCH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202-4139	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32202-4139
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, RICHARD	3.2 NAME	
STREET ADDRESS	421 WEST CHURCH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-4139	3.4 CITY-ST-ZIP	
TITLE	D/C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, ANITA	4.2 NAME	ARMSTRONG, SHERMAN
STREET ADDRESS	421 WEST CHURCH STREET	4.3 STREET ADDRESS	421 WEST CHURCH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202-4139	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32202-4139
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUTS, ROY	5.2 NAME	
STREET ADDRESS	421 WEST CHURCH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-4139	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGSLEY, KATHY	6.2 NAME	800001777306
STREET ADDRESS	421 WEST CHURCH STREET	6.3 STREET ADDRESS	-04/11/96--01103--030
CITY-ST-ZIP	JACKSONVILLE FL 32202-4139	6.4 CITY-ST-ZIP	***70.00 4-11-96 SR

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 119.07(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: 4-2-96 DAYTIME PHONE: (904) 798-1720

CR2E037 (12/95)