

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10967 (0)**  
 1. Corporation Name  
**VNA NURSING SERVICES OF NORTH FLORIDA, INC.**

Principal Place of Business <b>421 WEST CHURCH STREET JACKSONVILLE FL 32202</b>	Mailing Address <b>421 WEST CHURCH STREET JACKSONVILLE FL 32202-4173</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/05/1985</b>	3a. Date of Last Report <b>04/11/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2708415</b>	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				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			
<b>FOUTS, ROY</b> <b>421 W CHURCH STREET</b> <b>JACKSONVILLE FL 32202</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>C, D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>GRIMES, BECKY</b>			1.2 NAME	<b>Foster, Patricia</b>		
STREET ADDRESS	<b>421 W CHURCH ST</b>			1.3 STREET ADDRESS	<b>421 W Church St.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-4139</b>			1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202-4139</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SKINNER, RICHARD</b>			2.2 NAME			
STREET ADDRESS	<b>421 W CHURCH ST</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-4139</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LYNAGH, WILLIAM</b>			3.2 NAME	<b>Armstrong, Sherman</b>		
STREET ADDRESS	<b>421 W CHURCH ST</b>			3.3 STREET ADDRESS	<b>421 W Church St.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-4139</b>			3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202-4139</b>		
TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>POWELL, ANITA</b>			4.2 NAME	<b>Gregory, Marion A.</b>		
STREET ADDRESS	<b>421 W CHURCH ST</b>			4.3 STREET ADDRESS	<b>421 W Church St.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-4139</b>			4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202-4139</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FOUTS, ROY</b>			5.2 NAME			
STREET ADDRESS	<b>421 W CHURCH ST</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-4139</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BILLINGSLEY, KATHY</b>			6.2 NAME			
STREET ADDRESS	<b>421 W CHURCH ST</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-4139</b>			6.4 CITY-ST-ZIP			

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

CR2E037 (9/96)