

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 # N10972 (0)

1. Corporation Name
VNA HEALTH RESOURCES, INC.



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

3. Date Incorporated or Qualified **09/05/1985** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2708412	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
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**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE
NAME	GAFFAN, BECKY	1.2 NAME
STREET ADDRESS	421 W CHURCH ST	1.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	ROMANER, MICHAEL	2.2 NAME
STREET ADDRESS	421 WEST CHURCH STREET	2.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	CURRAN, DANIEL	3.2 NAME
STREET ADDRESS	421 W CHURCH ST	3.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE
NAME	FOSTER, PATRICIA	4.2 NAME
STREET ADDRESS	421 W CHURCH ST	4.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE
NAME	FOUTS, ROY	5.2 NAME
STREET ADDRESS	421 W CHURCH STREET	5.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME	GRIMES, BECKY
	1.3 STREET ADDRESS	
	1.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 TITLE	D
	2.2 NAME	JONES, MALCOLM
	2.3 STREET ADDRESS	421 WEST CHURCH STREET
	2.4 CITY - ST - ZIP	JACKSONVILLE FL 32202-4139
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE	D
	3.2 NAME	KAYE, BERNARD
	3.3 STREET ADDRESS	421 WEST CHURCH STREET
	3.4 CITY - ST - ZIP	JACKSONVILLE FL 32202-4139
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY - ST - ZIP	

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: **4-2-96** (904) 798-1720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)