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Apr 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

421 W CHURCH STREET
JACKSONVILLE FL 32202-4173
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME GRIMES, BECKY
STREET ADDRESS 421 W CHURCH ST
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Grimes, Becky
1.3 STREET ADDRESS 421 W Church St.
1.4 CITY-ST-ZIP Jacksonville, FL 32202-4139

TITLE D ☐ DELETE

NAME JONES, MALCOLM
STREET ADDRESS 421 W CHURCH ST
CITY-ST-ZIP JAX FL 39

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KAYE, BERNARD
STREET ADDRESS 421 W CHURCH ST
CITY-ST-ZIP JAX FL 39

2.2 NAME ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME FOSTER, PATRICIA
STREET ADDRESS 421 W CHURCH ST
CITY-ST-ZIP JACKSONVILLE FL

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FOUTS, ROY
STREET ADDRESS 421 W CHURCH STREET
CITY-ST-ZIP JACKSONVILLE FL

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

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 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)