

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13058

1. Entity Name

VNA HEALTH SERVICES, INC.

*R*

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90239 001 \*\*\*\*61.25

Principal Place of Business

1111 - 36TH STREET  
VERO BEACH FL 32960-3514

Mailing Address

1111 - 36TH STREET  
VERO BEACH FL 32960-3514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2624839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, SHARON L.  
1111 - 36TH STREET  
VERO BEACH FL 32960-3514

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~BO~~ ☐ Delete  
NAME MORGAN, KEITH  
STREET ADDRESS 700 20TH ST  
CITY-ST-ZIP VERO BEACH FL

TITLE STD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PCEO ☐ Delete  
NAME KENNEDY, SHARON L.  
STREET ADDRESS 1111-36TH ST.  
CITY-ST-ZIP VERO BEACH FL 32960-3514

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME TURBIE, MARIE  
STREET ADDRESS 1731 VICTORIA CIR  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FEGERT, FORD  
STREET ADDRESS 817 BEACHLAND BLVD.  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME COURSEN, R.D.  
STREET ADDRESS 900 RIOMAR DR  
CITY-ST-ZIP VERO BEACH FL

TITLE VCD ☐ Change ☒ Addition  
NAME COONEY, ANNE  
STREET ADDRESS 319 LIVE OAK RD  
CITY-ST-ZIP VERO BEACH, FL

TITLE D ☒ Delete  
NAME WILDS, SARA  
STREET ADDRESS 158 ANCHOR DRIVE  
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME MCCRYSTAL, ANNE MARIE  
STREET ADDRESS 511 BAY DRIVE  
CITY-ST-ZIP VERO BEACH, FL

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHARON KENNEDY, PRES/CEO

1-00

561 567-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

Attachment  
# N13058  
D0085400

**VNA Health Services, Inc.**

**FEI Number 59-2624839**

**Additional Officers and Directors 2000-2001, Directors terms expiring April 2001**

**VP**

**Margot Kornicks**

**1111 36<sup>th</sup> Street**

**Vero Beach, FL 32960**

**VP**

**Brian Walsh**

**1111 36<sup>th</sup> Street**

**Vero Beach, FL 32960**

**Directors:**

**Matthew Zoffer, DO**

**2300 5<sup>th</sup> Avenue**

**Vero Beach, FL 32960**

**John Moore III**

**5070 N A1A #200**

**Vero Beach, FL 32963**