

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13058

1. Entity Name

VNA HEALTH SERVICES, INC.

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90029 002 ****61.25

Principal Place of Business

1111 - 36TH STREET
 VERO BEACH FL 32960-3514

Mailing Address

1111 - 36TH STREET
 VERO BEACH FL 32960-3514

DUU4bb43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2624839

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROOME, SHARON K.
 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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 MORGAN, KEITH
 700 20TH ST
 VERO BEACH FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 ROEBACK, JASON
 1600 37TH ST
 VERO BEACH, FL ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BROOME, SHARON K. ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 COONEY, ANNE
 400 BEACH VIEW DR #2N
 VERO BEACH FL 32963 ☐ Change ☒ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE Sharon K. Broome

2/4/02

561-978-5577

CR2E037 (9/01)