

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13058

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: VNA HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1110 -35TH LANE  
VERO BEACH, FL 329603514

**New Principal Place of Business:**

**Current Mailing Address:**

1110 -35TH LANE  
VERO BEACH, FL 329603514

**New Mailing Address:**

FEI Number: 59-2624839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOME, SHARON K.  
1110-35TH LANE  
VERO BEACH, FL 329603514 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: BROOME, SHARON K  
Address: 1110 -35TH LANE  
City-St-Zip: VERO BEACH, FL 329603514

Title: C ( ) Delete  
Name: COONEY, ANNE  
Address: 400 BEACH VIEW DR #200  
City-St-Zip: VERO BEACH, FL 32963

Title: STD ( ) Delete  
Name: ROEBACK, JASON  
Address: 1600 37TH ST  
City-St-Zip: VERO BEACH, FL

Title: VD ( ) Delete  
Name: PROCTOR, ALLISON  
Address: 2205 E OCEAN LAKES LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: FEGERT, FORD  
Address: 819 BEACHLAND BLVD  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON K. BROOME

PCEO

04/24/2006

Electronic Signature of Signing Officer or Director

Date