

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13058

FILED
Apr 25, 2008
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:

1110 35TH LANE
VERO BEACH, FL 32960

Current Mailing Address:

1110 35TH LANE
VERO BEACH, FL 329603514

New Mailing Address:

1110 35TH LANE
VERO BEACH, FL 32960

FEI Number: 59-2624839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

BROOME, SHARON K.
1110 35TH LANE
VERO BEACH, FL 32960 US

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: SHARON K BROOME

04/25/2008

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: CD () Delete
Name: COYLE, JANE
Address: 1255 37TH STREET, STE A
City-St-Zip: VERO BEACH, FL 32960

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

Title: VCD () Delete
Name: CASTILLO, ART
Address: 1150 BOWLINE DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: BROOME, SHARON K
Address: 1110 -35TH LANE
City-St-Zip: VERO BEACH, FL 32960

Title: CD (X) Change () Addition
Name: VARGO-O'BRIEN, JULIE
Address: 4875 13TH LANE
City-St-Zip: VERO BEACH, FL 32966

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 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

04/25/2008

Electronic Signature of Signing Officer or Director

Date