

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13058

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** VNA HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1110 35TH LANE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1110 35TH LANE  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-2624839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NEWBROUGH, JAMES P  
1110 35TH LANE  
VERO BEACH, FL 32960 US

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

BARRERA, RON  
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:** RON BARRERA

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** BARRERA, RON  
**Address:** 1110 35TH LANE  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** CD  
**Name:** VARGO-O'BRIEN, JULIE  
**Address:** 4875 13TH LANE  
**City-St-Zip:** VERO BEACH, FL 32966

**Title:** VCD  
**Name:** PROCTOR, ALLISON  
**Address:** 2208 E OCEAN LAKES LANE  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** STD  
**Name:** CASTILLO, ART  
**Address:** 1150 BOWLINE DRIVE  
**City-St-Zip:** VERO BEACH, FL 32963

I hereby 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 all other like empowered.

**SIGNATURE:** RON BARRERA

CEO

03/30/2010

Electronic Signature of Signing Officer or Director

Date