2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# N13059

Entity Name: VISITING NURSE ASSOCIATION OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1111 36TH ST.
VERO BEACH, FL 329603514

New Principal Place of Business:

Current Mailing Address:

1111 36TH ST.
VERO BEACH, FL 329603514

New Mailing Address:

FEI Number: 59-2664912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOME, SHARON K.
1111-36TH STREET
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:	1111 36TH ST	
City-St-Zip:	VERO BEACH, FL	
Title:	CD	( ) Delete
Name:	KANAREK, CAROL	
Address:	1241 POINTRAS DRIVE	
City-St-Zip:	VERO BEACH, FL	
Title:	VCD	( ) Delete
Name:	MCDONALD, JOHN	
Address:	1770 37TH ST	
City-St-Zip:	VERO BEACH, FL	
Title:	TD	( ) Delete
Name:	LOHUIS, NEAL	
Address:	1025 FLAMEVINE LN	
City-St-Zip:	VERO BEACH, FL 32963	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	SD	( ) Change (X) Addition
Name:	WILFRED, SMALL MD	
Address:	2733 OCEAN DRIVE	
City-St-Zip:	VERO BEACH, FL 32963	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL KANAREK CD 01/09/2004

Electronic Signature of Signing Officer or Director — Date