

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13059

FILED
Apr 21, 2006
Secretary of State

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

Current Principal Place of Business:

111035TH LANE
VERO BEACH, FL 329603514

New Principal Place of Business:

1110 35TH LANE
VERO BEACH, FL 329603514

Current Mailing Address:

111035TH LANE
VERO BEACH, FL 329603514

New Mailing Address:

1110 35TH LANE
VERO BEACH, FL 329603514

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.
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

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: KMETZ, MICHAEL
Address: 5111 CARDINAL DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: WILFRED, SMALL MD
Address: 2733 OCEAN DRIVE
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

04/21/2006

Electronic Signature of Signing Officer or Director

Date