

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13059

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** VISITING NURSE ASSOCIATION OF THE TREASURE COAST, 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:** 59-2664912

**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:**

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: HENDRIX, KATHY  
Address: 23 SAILFIST ROAD  
City-St-Zip: VERO BEACH, FL 32960

Title: VCD ( ) Delete  
Name: MONDANO, SARAH  
Address: 655 ACACIA ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Delete  
Name: KMETZ, MICHAEL  
Address: 3111 CARDINAL DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: SD ( ) Delete  
Name: BLANTON, ROBIN  
Address: 21 ROYAL PALM POINTE, STE 200  
City-St-Zip: VERO BEACH, FL 32960

**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: CUNNINGHAM, PEGGY  
Address: 23 SAILFIST ROAD  
City-St-Zip: VERO BEACH, FL 32960

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 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

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date