


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15551 (7)
 1. Corporation Name
FLORIDA COUNCIL OF VISITING NURSE ASSOCIATIONS, INC.

Principal Place of Business	Mailing Address
600 COURTLAND ST STE 500 ORLANDO FL 32804 US	600 COURTLAND ST STE 500 ORLANDO FL 32804 US

3. Date Incorporated or Qualified	06/23/1986
4. FEI Number	59-2351319
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2400 SE Monterey Road
22 City & State	27 Suite 100
23 Zip	28 Stuart FL
24 Country	29 34996
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARON KENNEDY
1111 36TH ST
VERO BCH FL 32900

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

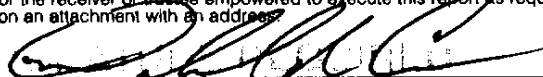
DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANNA VANN	
STREET ADDRESS	4210 METRO PARKWAY, 115	
CITY-ST-ZIP	FT MYERS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHARON KENNEDY	
STREET ADDRESS	1111 36TH ST	
CITY-ST-ZIP	VERO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DONALD CROW	
STREET ADDRESS	2400 SE MONTEREY RD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SKEMP, THOMAS	
STREET ADDRESS	600 COURTLAND ST #500	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



4/27/98

561-286-1844

CR2E037 (10/97)