

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19159 (5)
1. Corporation Name
VISITING NURSE SERVICES OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address
560 VILLAGE BLVD., SUITE 250 WEST PALM BEACH FL 33409
560 VILLAGE BLVD., SUITE 250 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 02/10/1987 3a. Date of Last Report 03/15/1994
4. FEI Number 58-7131101 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ZIELINSKI, A. ANN
6080A OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent
81 Name A. ANN ZIELINSKI
82 Street Address (P.O. Box Number is Not Acceptable) 560 VILLAGE BLVD., STE. 250
83
84 City WEST PALM BEACH FL 85 Zip Code 33409

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ZIELINSKI, A ANN
STREET ADDRESS	6080A OKEECHOBEE BLVD.
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	ROGERS, JOHN
STREET ADDRESS	560 VILLAGE BLVD., #250
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	LARCHE, MARJORIE
STREET ADDRESS	560 VILLAGE BLVD., #250
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	SIRACUSE, NINO
STREET ADDRESS	SUPERV OF ELECTIONS
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	560 VILLAGE BLVD., STE.
14 CITY - ST - ZIP	WEST PALM BEACH, FL 33409
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	560 VILLAGE BLVD., #250
44 CITY - ST - ZIP	WEST PALM BEACH, FL 33409
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	S
53 STREET ADDRESS	DYMERSKI, PATRICIA
54 CITY - ST - ZIP	560 VILLAGE BLVD., #250 WEST PALM BEACH, FL 33409
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Patricia A. Dymerski 7/21/95 407 689 7862
DATE: _____ (Last four digits of phone number)
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E037 (3/95)