SECONO NOTICE: CORPORATION WILL BE INSOLVED ON OR AFTER AUGUST 7, 1996. NONPROPET NONPROPET CORPORATION ANNUAL REPORT 1996 POCUMENT # N19159 (5) CORPORATION ANNUAL REPORT # CORPORATION VISITING NURSE SERVICES OF PALM BEACH COUNTY, IN C. C. Principal Place of Business 20							
ANNUAL REPORT 1996 DOCUMENT # N19159 (5) VISTING NURSE SERVICES OF PALM BEACH COUNTY, IN C. Principal Place of Business 800 VILLAGE BVD, SUTE 220 WEST PALM BEACH 1, 2900 ***SET PA	AMOUNT DUE ON	OR BEFORE 8/7/96: \$61.25 (IF DISSO	LVED, MINIMUM AMOUNT DUE TO	REINSTATE: \$236.25.)			
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20	City & State	City & State City & State			' ' '	\$5.00 May Be	
25				Country			
ZIELINSKI, A. ANN 560 WILLAGE BLVD., STE. 250 WEST PALM BEACH FL 33409 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zrp Code 11. Pursuant to the provisions of Sections (417,0502 and 617,1508, Rorida Statules, the above-named corporation submits this statement for the purpose of changing its registered of the original seal spent. I am furnish with, and accept the obligations of, Section (917,9503) Footida Statules SIGNATURE Signatic typed or printed name of registered agent and list if appointment as registered of directors. I hereby accept the appointment as registered Statules. The above-named corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered. SIGNATURE Signatic typed or printed name of registered agent and list if appointment as registered. Statules. PD	├ ─ '		29 30		Florida Statutes	Yes No	
ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 250 WEST PALM BEACH FL 33409 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Porida Statutes, the above named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes. SIGNATURE Signate Sped or printed have of registered agent, or both, in the State of Florida Statutes. In Interest agent and time registered agent, or both, in the State of Florida Statutes. The component of the purpose of changing its registered agent, or both, in the State of Florida Statutes. The component of the purpose of changing its registered agent, or both, in the State of Florida Statutes. The agent of the purpose of changing its registered agent, or both, in the State of Florida Statutes. The agent of the purpose of changing its registered agent, or both, in the State of Florida Statutes. The agent of the purpose of changing its registered agent, or both in the State of Florida Statutes. The purpose of changing its registered agent, or both in the State of Florida Statutes. The purpose of changing its registered agent, or both in the State of Florida Statutes. The P.D. The purpose of change is registered agent, or both in the State of Florida Statutes. The Addition of Florida State of Florida	<u></u>						
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11. Pursuant to the provisions of Sections 617 0502 and 617 1506, 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. Thereby accept the appointment as registered agent, and the cept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and liter if appointment. SIGNATURE Signature, typed or printed name of registered agent and liter if appointment as registered agent algorithment as registered algorithme	WEST	PALM BEACH FL 33409		83			
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Signacute typed or printed name of registered apert and lited if applicable. (NOTE: Registered Apert signature required when renstaling)	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						
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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 119 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 Block13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

HIGHATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

561/689-7862