

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19159 (5)

1. Corporation Name
VISITING NURSE SERVICES OF PALM BEACH COUNTY, IN C.



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 33409-1963

3. Date Incorporated or Qualified 02/10/1987 3a. Date of Last Report 07/08/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 58-7131101 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired NO \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 250 WEST PALM BEACH FL 33409
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

Table with 12 columns for Officers and Directors and 13 columns for Additions/Changes to Officers and Directors. Includes names like ZIELINSKI, A ANN, ROGERS, JOHN, LARCHE, MARJORIE, SIRACUSE, NINO, DYMERSKI, PATRICIA and handwritten entries for ANGELA MARCUSI and MOETIMER ZIMMERMAN.

14. I do 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: [Signature] 4-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040755

CR2E037 (9/96)