SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

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

DOCUMENT # N19167 (8)

1. Corporation Name
VISITING NURSE EXTRACARE, INC.

Principal Place of Business	Mailing Address
C/O A. ANN ZIELINSKI 560 VILLAGE BLVD., SUITE 250 WEST PALM BCH. FL 33409 US	C/O A. ANN ZIELINSKI 560 VILLAGE BLVD., SUITE 250 WEST PALM BCH. FL 33409 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2788816 ☐ 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.
W PALM BCH. FL 33417

10. Name and Address of New Registered Agent

91 Name: A. ANN ZIELINSKI
92 Street Address (P.O. Box Number is Not Acceptable): 560 VILLAGE BLVD. STE. 250
93
94 City: WEST PALM BEACH FL 95 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			☒ Change ☐ Addition
TITLE	PD	11 TITLE	
NAME	ZIELINSKI, A. ANN	12 NAME	
STREET ADDRESS	6080A OKEECHOBEE BLVD.	13 STREET ADDRESS	560 VILLAGE BLVD., STE. 250
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
			☐ Change ☐ Addition
TITLE	D	21 TITLE	
NAME	HUFF, DIANE	22 NAME	
STREET ADDRESS	560 VILLAGE BLVD., #250	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
			☒ Change ☐ Addition
TITLE	D	31 TITLE	
NAME	ROTTER, SAUL D. (M.D.)	32 NAME	
STREET ADDRESS	1035 OLD OKEECHOBEE	33 STREET ADDRESS	560 VILLAGE BLVD., STE. 250
CITY-ST-ZIP	WEST PALM BACH FL	34 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
			☐ Change ☐ Addition
TITLE	VCD	41 TITLE	
NAME	CHAMBLEE, SANDRA	42 NAME	
STREET ADDRESS	1045 TABIT ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	44 CITY-ST-ZIP	
			☒ Change ☐ Addition
TITLE	TVP	51 TITLE	
NAME	LARCHE, MARJORIE	52 NAME	
STREET ADDRESS	6080-A OKEECHOBEE BLVD.	53 STREET ADDRESS	560 VILLAGE BLVD., STE. 250
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
			☐ Change ☒ Addition
TITLE		61 TITLE	S
NAME		62 NAME	DYMERSKI, PATRICIA
STREET ADDRESS		63 STREET ADDRESS	560 VILLAGE BLVD., STE. 250
CITY-ST-ZIP		64 CITY-ST-ZIP	WEST PALM BEACH, FL 33409

CR2E037 (3/95)

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)(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: Patricia J Dymerski 7/21/95 407 689 7862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA A DYMERSKI

0010044