FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N19167 DOCUMENT #

(8)

VISITING NURSE EXTRACARE, INC.													
Principal Place	of Business		M	lailing Address					4 16411151 E41 11514 14161 11616 A111				
C/O A. ANN				C/O A. ANN ZIELINSI									
560 VILLAGE	BLVD., SUITE			560 VILLAGE BLVD									
WEST PALM BCH. FL 33409				WEST PALM BCH. FL 33409 US				-	3. Date Incorporated or Qualified			t Report	
US				00				ļ	02/10/1987	0	7/31/	1995	
2. Principal P	ace of Busine	ess	28	. Mailing Address					4. FEI Number			Applied For	
11			26	26					59-2788816 Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required				
				27									
City & Stat	ө			City & State					Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
3		0	28	<u> </u>	Cou	ntn/			This corporation has liability for	r intangible ta			
Zip ⊒		Country 25	29	1 '	30	,			Florida Statutes	☐ Yes ☐	No		
4	9 Name	and Address of Curre							10. Name and Address of New	Registered A	gent		
	0,					81	Name						
ZIELINS	KI, A. ANN					82	Street A	Address	(P.O. Box Number is Not Accepta	able)			
560 VILLAGE BLVD. STE. 250 WEST PALM BEACH FL 33409							0,,,,,,,						
						83							
						84	City				85	Zip Code	
							'		n submits this statement for the p	<u> </u>	Щ.		
familiar v SIGNATURE	vith, and acce	ept the obligations of, Section of printed name of registered agr	ction & i	7.0503, Fiorida Statu	(NOTE: Registered				f directors. I hereby accept the ap	DATE			
12.	Signature: type	OFFICERS A		ECTORS	13.				ADDITIONS/CHANGES TO O				
TITLE	PD		-	DELETE	1.1 T	ITLE				(Chang	e 🔲 Addition	
NAME		ski, a. ann			1.2 N	AME							
STREET ADDRESS		LAGE BLVD., STE. 2	50		1.3 9	TREE	T ADDRESS						
CITY - ST - ZIP		PALM BEACH FL		Fineres			ST - ZIP				Chang	e 🔲 Addition	
TITLE	D	DIANE		DELETE	211								
NAME	HUFF,					IAME TOCC		1					
STREET ADDRESS		LAGE BLVD., #250 PALM BEACH FL			•		T ADDRESS						
CITY-ST-ZIP	D	PALM DEAUTITE		DELETE	311		SF - Z1P	1/6	7 8		Chang	e 🔲 Addition	
TITLE	1 -	R, SAUL D. (M.D.)		[NAMÉ		100	. 2)		•		
NAME	EON VAI	LAGE BLVD., STE. 2	50				T ADDRESS	ļ					
STREET ADDRESS		PALM BEACH FL					-ST-ZIP						
CITY-ST-ZIP TITLE	VCD			DELETE		TITLE		0.7	7	/	🔼 Chang	je 🔲 Addition	
NAME		BLEE, SANDRA			4. 2	NAM	E	1 . '					
STREET ADDRESS	s 1045 T	ABIT ROAD			4.3	STREE	T ADDRESS						
CITY-ST-ZIP	BELLE	GLADE FL					ST-ZIP	<u> </u>			Chan	ne 🔲 Addition	
TITLE	TVP			DELETE		TITLE					Chang	le [_] waarran	
NAME		IE, MARJORIE				NAME							
STREET ADORES		LLAGE BLVD., STE. 2	:DU				ET ADDRESS	·					
CITY - ST - ZIP	S	PALM BEACH FL		DELETE		CITY - TITLE	ST-ZIP	 			Chan-	ge 🔲 Addition	
TITLE	•	RSKI, PATRICIA				NAME							
NAME	ECO 18	LLAGE BLVD., 250					- et address	3					
STREET ADDRES	WEST	PALM REACH FL			6.4	CITY.	ST. 7IP						
CITY-ST-ZIP			ed with t	this filing is voluntarily	f malabad an	4 40	oo not ou	ualify for	the exemption stated in Section 1 and that my signature shall have	19.07(3)(k), Fl	orida St	atutes. I further	
certify t	hat the inform	nation indicated on this a floor or director of the co	nnuai re rnoratio	port of supplemental n or the receiver of tr	ustee empow	t is t rerec	rue and a d to execu	accurate oute this r	and that my signature shall have report as required by Chapter 617	, Florida Statu	tes; and	that my name	
appear	s in Block 12	or Block 13 if changed,	or on an	attachment with an	address								
01011	THE	()	. (18)	a La B	•			1/29/96 Date	(47)	6.53	ィークトムス	
SIGNA	TURE:	Debuci	يريم	THE HAVE OF SIGNING O	ESICED OR DIRE	CTO	e		Oale		Daytime Pt	ione #	