

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 20 1997 8:00am  
Secretary of StateDOCUMENT # **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  
USC/O A. ANN ZIELINSKI  
560 VILLAGE BLVD., SUITE 250  
WEST PALM BCH. FL 33409-1963  
US3. Date Incorporated or Qualified  
**02/10/1987**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-2788816**Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. 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

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIELINSKI, A. ANN	
STREET ADDRESS	560 VILLAGE BLVD., STE. 250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>HUFF, DIANE</del>	
STREET ADDRESS	560 VILLAGE BLVD., #250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ROTTER, SAUL D. (M.D.)	
STREET ADDRESS	560 VILLAGE BLVD., STE. 250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHAMBLEE, SANDRA	
STREET ADDRESS	1045 TABIT ROAD	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	TVP	<input checked="" type="checkbox"/> DELETE
NAME	<del>LARONE, MARJORIE</del>	
STREET ADDRESS	560 VILLAGE BLVD., STE. 250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DYMERSKI, PATRICIA	
STREET ADDRESS	560 VILLAGE BLVD., 250	
CITY-ST-ZIP	WEST PALM BEACH FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DUANA STAGILE
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D- DIRECTOR TO FINANCE
5.3 STREET ADDRESS	ANGELA MANCUSI
5.4 CITY-ST-ZIP	SAME
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

4-21-97

Daytime Phone # 0040752

CR2E037 (9/96)