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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N19168 (6)

1. Corporation Name

VISITING NURSE FOUNDATION OF PALM BEACH COUNTY,  
INC.



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

3. Date Incorporated or Qualified

02/10/1987

4. FEI Number

59-2788815

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIELINSKI, A. ANN  
560 VILLAGE BLVD., SUITE 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ZIELINSKI, A. ANN  
STREET ADDRESS 560 VILLAGE BLVD., SUITE 250  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VCD  
NAME ~~RICKER, WILLIAM~~  
STREET ADDRESS 560 VILLAGE BLVD SUITE 250  
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE VCD  
2.2 NAME WILLIAM SHARPESS  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME ~~MANCUSI, ANGELA~~  
STREET ADDRESS 560 VILLAGE BLVD SUITE 250  
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE PHILIP DUNMIRE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME ~~TERRANOVA, KIMBERLY~~  
STREET ADDRESS 560 VILLAGE BLVD., SUITE 250  
CITY-ST-ZIP WEST PALM BEACH FL 33409

4.1 TITLE S  
4.2 NAME PATRICIA A. DYNEBSKI  
4.3 STREET ADDRESS 560 VILLAGE BLVD SUITE 250  
4.4 CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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]* 1/19/98 (561)689 7862

CR2E037 (10/97)