

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

DOCUMENT # **N92000000553 (9)**

1. Corporation Name

VISITING NURSE CORPORATION OF SOUTH FLORIDA, INC



Principal Place of Business: **BRANDYWINE CENTRE II, 560 VILLAGE BLVD SUITE 250, WEST PALM BEACH FL 33409**
Mailing Address: **BRANDYWINE CENTRE II, 560 VILLAGE BLVD SUITE 250, WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified: **12/01/1992**
3a. Date of Last Report: **07/31/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0379540**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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 A, BRANDYWINE CENTRE II, 560 VILLAGE BLVD SUITE 250, WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: CIANFRONE, MARTHA STREET ADDRESS: 560 VILLAGE BLVD., #250 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: CD 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LARCHE, MARJORIE STREET ADDRESS: 560 VILLAGE BLVD. #250 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE: TVP 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHARPLESS, WILLIAM M STREET ADDRESS: BRANDYWINE CENTRE II 560 VILLAGE BLVD #250 CITY-ST-ZIP: WEST PALM BEACH FL 33409	<input type="checkbox"/> DELETE	3.1 TITLE: W.D. Danielson 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ZIELINSKI, A A STREET ADDRESS: BRANDYWINE CENTRE II 560 VILLAGE BLVD #250 CITY-ST-ZIP: WEST PALM BEACH FL 33409	<input type="checkbox"/> DELETE	4.1 TITLE: PD 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: DYMERSKI, PATRICIA STREET ADDRESS: 560 VILLAGE BLVD., #250 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 C. Dymerski* Date: **4/29/96** Daytime Phone #: **407 689 7862**

CR2E037 (12/95)