

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # N92000000553 (9)

1. Corporation Name

VISITING NURSE CORPORATION OF SOUTH FLORIDA, INC



Principal Place of Business

Mailing Address

BRANDYWINE CENTRE II
560 VILLAGE BLVD SUITE 250
WEST PALM BEACH FL 33409

BRANDYWINE CENTRE II
560 VILLAGE BLVD SUITE 250
WEST PALM BEACH FL 33409-1963

3. Date Incorporated or Qualified

12/01/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0379540

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

8. 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 A
BRANDYWINE CENTRE II
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CIANFRONE, MARTHA	
STREET ADDRESS	560 VILLAGE BLVD., #250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TVP	<input checked="" type="checkbox"/> DELETE
NAME	LARCHE, MARJORIE	
STREET ADDRESS	560 VILLAGE BLVD. #250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	LON DANIELSON	
STREET ADDRESS	BRANDYWINE CENTRE II 560 VILLAGE BLVD #250	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIELINSKI, A A	
STREET ADDRESS	BRANDYWINE CENTRE II 560 VILLAGE BLVD #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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD ANTHONY DUTTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VC WILLIAM RICKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D DIRECTOR OF FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANGELA MANCINI	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040754

CR2E037 (9/96)