2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N98000000712

Entity Name: VISITING NURSE COMMUNITY CARE OF THE WEST COAST, INC.

Current Principal Place of Business:

2400 S.E. MONTEREY ROAD
SUITE 300
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2400 S.E. MONTEREY ROAD
SUITE 300
STUART, FL 34996 US

New Mailing Address:

FEI Number: 65-0841662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROW, DONALD R
2400 S.E. MONTEREY ROAD
SUITE 300
STUART, FL 34996 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C/D	( ) Delete
Name:	CROW, PATRICIA Q	
Address:	2400 SE MONTEREY ROAD SUITE 300	
City-St-Zip:	STUART, FL 34994	
Title:	P/D	( ) Delete
Name:	CROW, DONALD R	
Address:	2400 SE MONTEREY ROAD, SUITE 300	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	IANNOTTI, NICHOLAS MD	
Address:	1801 SE HILLMOOR DRIVE, SUITE B-101	
City-St-Zip:	PORT ST LUCIE, FL 34952	
Title:	D/ST	( ) Delete
Name:	KENNEY, KEVIN M	
Address:	1991 SOUTH KANNER HIGHWAY	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. CROW P/D 04/11/2008

Electronic Signature of Signing Officer or Director — Date