


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002393

1. Entity Name
 VISITING NURSE COMMUNITY CARE, INC.



Principal Place of Business 2400 SE MONTEREY ROAD SUITE 301 STUART, FL 34996	Mailing Address 2400 SE MONTEREY ROAD SUITE 301 STUART, FL 34996
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0298789	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROW, DONALD R
 2400 SE MONTEREY ROAD
 STUART, FL 34996

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000057849
 02/20/04-80006-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDST CROW, PATRICIA Q 2400 SE MONTEREY ROAD, SUITE 300 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROW, DONALD R 2400 SE MONTEREY ROAD SUITE 300 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNOTTI, NICHOLAS MD 1801 SE HILLMOOR DRIVE STE B-101 PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEY, KEVIN M 1991 S KANNER HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2-16-04** **(772) 386-1894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #