

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002393

FILED  
Apr 21, 2006  
Secretary of State

**Entity Name:** VISITING NURSE COMMUNITY CARE, INC.

**Current Principal Place of Business:**

2400 SE MONTEREY ROAD  
SUITE 301  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2400 SE MONTEREY ROAD  
SUITE 301  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 65-0298789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CROW, DONALD R  
2400 SE MONTEREY ROAD  
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: CDST ( ) Delete  
Name: CROW, PATRICIA Q  
Address: 2400 SE MONTEREY ROAD, SUITE 300  
City-St-Zip: STUART, FL 34994

Title: PD ( ) 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 STE B-101  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: KENNEY, KEVIN M  
Address: 1991 S KANNER HWY  
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 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

PD

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date