2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# N98000002393

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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 07/03/2007
Electronic Signature of Signing Officer or Director — Date