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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90065 002 ***150.00

DOCUMENT # P93000082437

1. Corporation Name

VNA HOMECARE, INC.

Principal Place	e of Business	Mailing Address			2 ===== /====		
285 W CENTRAL PKWY		285 W CENTRAL PKWY		1			
STE 1730		STE 1730		DO NOT WRI	DO NOT WRITE IN THIS SPACE		
ALTAMONTE SPRINGS FL 32714 US		ALTAMONTE SPRINGS FL 32714 US		3. Date Incorporated or Qualifed			
00		VV		11/30/1993			
2 Principal D	lace of Business	2a. Mailing Address		4. FEI Number		oplied For	
<u> </u>	ace of Dualifeas	26		59-3051224	├ ─ 	ot <i>F</i> .pplicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75	Additional	
	Pineloch Ave. Site 11		4 Ave Suidel	5. Certificate of Status Desired	1 1	equired	
City & State		City & State		6. Election Campaign Financing	□ \$5.00	Мау Ве	
23 Orlando FL		28 Orlando FC		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	8. This corporation owes the curr		5 1	
24 3280	06 25		30	Personal Property Tax.	X Yes_	[No	
	9. Name and Address of Current	Registered Agent	94	10. Name and Address of New I	Registerec Agent		
200	NED IAMES D		81 Name			1	
BOGNER, JAMES B.			82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
225 E ROBINSON ST STE 600							
			83				
UKD	ANDO FL 32801		84 City		85 Zip	eco	
					FI_ S E		
11. Pursuar t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the above-named corp thorized by the corporati	poration submits this statement for the ion's board of directors. I hereby accer	 purpose of changing its pt the appointment as re 	registered egistered	
I OHICE OF I	egistered agent, or both, in the state of	i i longa, ouch change was an	ssa vy alo sorporan			-	
agent. La	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.			ļ	
agent. I ai	·	cns of, Section 607.0505, Float	da Statutes.				
SIGNATURE	Signature, typed or printed nan e of registered agent	cns of, Section 607.0505, FIo 10 and title if applicable. (NOTE F	da Statutes. Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECTO		
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Orlando 32804 CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

JOHNG KASSAS

FL

600 Courtland

#100

CR2E034 (11/98)