

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
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 of Business

285 W CENTRAL PKWY  
STE 1730  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

285 W CENTRAL PKWY  
STE 1730  
ALTAMONTE SPRINGS FL 32714  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1993

4. FEI Number

59-3051224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 102 W. Pineclark Ave. Suite 11  
23 City & State  
Orlando FL  
24 Zip  
32806  
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 102 W. Pineclark Ave Suite 11  
28 City & State  
Orlando FL  
29 Zip  
32806  
30 Country

9. Name and Address of Current Registered Agent

BOGNER, JAMES B.  
225 E ROBINSON ST  
STE 600  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
DVT	GOLDSTEIN, PAUL	1414 S KUHL AVE	ORLANDO FL 32806	<input type="checkbox"/>
DVS	KASSAB, JERRY	600 COURTLAND ST., STE. 500	ORLANDO FL	<input type="checkbox"/>
DP	BOZARD, JOHN W.	1414 KUHL AVE	ORLANDO FL 32806	<input checked="" type="checkbox"/>
DV	HODGES, KARL	1414 KUHL AVE	ORLANDO FL 32806	<input type="checkbox"/>
DV	ROWLAND, ROBERT	1059 MAITLAND CENTER COMMONS	MAITLAND FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVT				<input checked="" type="checkbox"/>
600 Courtland St. #100			Orlando FL 32804	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
V/S				<input checked="" type="checkbox"/>
600 Courtland St. #100			Orlando, FL 32804	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
DIP				<input checked="" type="checkbox"/>
Shannon Elswick			600 Courtland St. #100	<input type="checkbox"/>
			Orlando, FL 32804	<input type="checkbox"/>

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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)