FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V00633** **(0)**

1. Corporation Name

VISITING NURSE COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
2400 SE MONTEREY RD STE 100 STUART FL 34996 US	2400 SE MONTEREY RD STE 100 STUART FL 34996 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/16/1991

3a. Date of Last Report: 04/24/1995

4. FEI Number: 65-0298789 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes XX No

9. Name and Address of Current Registered Agent

CROW, PATRICIA Q.
2400 SE MONTEREY RD
STE 100
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

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 revoking) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~DG~~	☐ DELETE
NAME	FRASIER, STEPHEN C.	
STREET ADDRESS	215 S. FEDERAL HWY.	
CITY-ST-ZIP	STUART FL	
TITLE	CEOP	☐ DELETE
NAME	CROW, PATRICIA Q.	
STREET ADDRESS	2400 SE MONTEREY RD, STE 100	
CITY-ST-ZIP	STUART FL	
TITLE	~~ST~~	☐ DELETE
NAME	~~KENNY, KEVIN~~	
STREET ADDRESS	440 E OSCEOLA	
CITY-ST-ZIP	STUART FL	
TITLE	~~D~~	XX DELETE
NAME	~~HURCHALLA, MAGGY~~	
STREET ADDRESS	~~2401 SE MONTEREY ROAD~~	
CITY-ST-ZIP	~~STUART FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/C	XX Change ☐ Addition
3.2 NAME	Kenney, Kevin	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T	☐ Change XX Addition
4.2 NAME	Cramer, Gary	
4.3 STREET ADDRESS	900 S. Federal Highway	
4.4 CITY-ST-ZIP	Stuart, FL 34994	
5.1 TITLE	D	☐ Change XX Addition
5.2 NAME	Iannotti, Nicholas	
5.3 STREET ADDRESS	1801 SE Hillmoor Drive, Suite B-101	
5.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
6.1 TITLE	D	☐ Change XX Addition
6.2 NAME	Swetland, Elaine	
6.3 STREET ADDRESS	107 SE Beech Tree Lane	
6.4 CITY-ST-ZIP	Stuart, FL 34994	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Patricia Q. Crow — April 2, 1996 — 407-286-1844

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

Patricia Q. Crow

CR2E034 (12/95)