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 # **F95000003772 (9)**

1. Corporation Name

NUTRITIONAL HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
3172 NORTH ANDREWS AVE. EXT. POMPANO BEACH FL 33064	3172 NORTH ANDREWS AVE. EXT. POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: 08/04/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 23-2272692	☐ Applied For ☐ Not Applicable
21	26 2200 Renaissance Blvd		
Suite Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 300	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 King of Prussia, PA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 19406 / Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORINSKI, BARBARA 3172 NORTH ANDREWS AVE EXT POMPANO BEACH FL 33064	81 Name: Nicholas, Fred 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: Fred Nicholas — 6/11/96
Signature, typed or printed name of resident agent (required for initial report) (Print Registered Agent's name if required for reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	FELDMAN, BRUCE J		1.2 NAME	
STREET ADDRESS	2200 RENAISSANCE BLVD.		1.3 STREET ADDRESS	2200 Renaissance Blvd, Suite 300
CITY-ST-ZIP	KING OF PRUSSIA PA		1.4 CITY-ST-ZIP	King of Prussia, PA 19406
TITLE	S	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	SWINIUCH, JAMES		2.2 NAME	
STREET ADDRESS	2200 RENAISSANCE BLVD.		2.3 STREET ADDRESS	2200 Renaissance Blvd, Suite 300
CITY-ST-ZIP	KING OF PRUSSIA PA		2.4 CITY-ST-ZIP	King of Prussia, PA 19406
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: Bruce Feldman — 6/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #