

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

APPROVED
AND
FILED

98 JUL 28 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

3172 NORTH ANDREWS AVE. EXT.
POMPANO BEACH FL 33064

Mailing Address

2200 RENAISSANCE BLVD
SUITE 300
KING OF PRUSSIA PA 19406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number

23-2272692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NICHOLAS, FRED
3172 NORTH ANDREWS AVE EXT
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

Wanda Monical

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

7401 114th Ave N

83

Suite 501

84 City

Largo

FL

85

Zip Code

33173

11. Pursuant to the provisions of Sections 607.0302 and 607.1505, 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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PCD
FELDMAN, BRUCE J
2200 RENAISSANCE BLVD SUITE 300
KING OF PRUSSIA PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
SWINIUCH, JAMES
2200 RENAISSANCE BLVD SUITE 300
KING OF PRUSSIA PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
COLBURN, BRUCE
2200 RENAISSANCE BLVD. STE 300
KING OF PRUSSIA PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
100002600791--3
-07/28/98--01080--001
6050.00 *550.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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.

SIGNATURE

Bruce Feldman

CR2E034 (10/97)