

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003772

1. Entity Name
NUTRITIONAL HOME HEALTH SERVICES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90142 030 ***150.00

B0056221



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3172 NORTH ANDREWS AVE. EXT.
POMPAHO BEACH FL 33064

Mailing Address
2200 RENAISSANCE BLVD
SUITE 300
KING OF PRUSSIA PA 19406
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
620 Freedom Business Center
Suite, Apt. #, etc.
Suite 105

City & State
King of Prussia PA

Zip
19406

Country

4. FEI Number 23-2272692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOWARDS, BRENT
7401 114TH AVE N
STE 501
LARGO FL 33773

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Margaret E. Routzahn* MARGARET E. ROUTZAHN 4/24/01
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent must be a resident of Florida.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GELLER, DAVID S 2200 RENAISSANCE BLVD SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 620 Freedom Business Center Ste 105 King of Prussia PA 19406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David S. Geller* 4/30/01 610-205-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)