

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000002940 (1)

1. Corporation Name:

HOME HEALTH CORPORATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

2200 RENAISSANCE BOULEVARD, SUITE 300
KING OF PRUSSIA PA 19406

2200 RENAISSANCE BOULEVARD, SUITE 300
KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

23-2224800

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERENSIS, JOE
7401 114TH AVENUE, SUITE 501
LARGO FL 33773

81 Name Wanda Monical
82 Street Address (P.O. Box Number is Not Acceptable)
7401 114th Avenue
83 Suite 501
84 City Largo FL 85 Zip Code 33773

11. Pursuant to the provisions of Sections 607.01(2) 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME FELDMAN, BRUCE J
STREET ADDRESS 2200 RENAISSANCE BOULEVARD, SUITE 300
CITY-ST-ZIP KING OF PRUSSIA PA 19406

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME FELDMAN, BRUCE J
STREET ADDRESS 2200 RENAISSANCE BOULEVARD, SUITE 300
CITY-ST-ZIP KING OF PRUSSIA PA 19406

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

TITLE VC
NAME BELLENGHI, MICHAEL
STREET ADDRESS 2200 RENAISSANCE BOULEVARD, SUITE 300
CITY-ST-ZIP KING OF PRUSSIA PA 19406

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

TITLE D
NAME TRUSTEY, JOSEPH
STREET ADDRESS 2200 RENAISSANCE BOULEVARD, SUITE 300
CITY-ST-ZIP KING OF PRUSSIA PA 19406

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

TITLE D
NAME MACHAVER, HARVEY
STREET ADDRESS 2200 RENAISSANCE BOULEVARD, SUITE 300
CITY-ST-ZIP KING OF PRUSSIA PA 19406

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

APPROVED
AND
FILED

98 JUL 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)