

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

STERENIS, 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

Largo

84 City

FL Zip Code 33773

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	FELDMAN, BRUCE J 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				1.2 NAME	
TITLE	S	FELDMAN, BRUCE J 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME	
TITLE	VC	BELLERGI, MICHAEL 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.4 CITY-ST-ZIP	
TITLE	D	TRUSTEY, JOSEPH 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME	
TITLE	D	MACHAVER, HARVEY 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.4 CITY-ST-ZIP	
TITLE	D	BELLERGI, MICHAEL 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME	
TITLE	D	TRUSTEY, JOSEPH 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.4 CITY-ST-ZIP	
TITLE	D	MACHAVER, HARVEY 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME	
TITLE	D	BELLERGI, MICHAEL 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.4 CITY-ST-ZIP	
TITLE	D	TRUSTEY, JOSEPH 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME	
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				6.4 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.

SIGNATURE

Bruce Feldman