

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002940**

1. Corporation Name

HOME HEALTH CORPORATION OF AMERICA, INC.

Principal Place of Business

**2200 RENAISSANCE BOULEVARD, SUITE 300
KING OF PRUSSIA PA 19406**

Mailing Address

**2200 RENAISSANCE BOULEVARD, SUITE 300
KING OF PRUSSIA PA 19406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MONICAL WANDA
7401 114TH AVENUE, SUITE 501
LARGO FL 33773**

10. Name and Address of New Registered Agent

81 Name

Kathy Chudow

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

7401 114th Avenue North

83

84 City

Largo

FL

85 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 **Kathy Chudow**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/6/99**

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P C** ☐ Change ☒ Addition
1.2 NAME **David S. Geller**
1.3 STREET ADDRESS **2200 Renaissance Boulevard, Suite 300**
1.4 CITY-ST-ZIP **King of Prussia, PA 19406**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

David S. Geller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(610) 272-1717

CR2E034 (5/99)

0115470

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90024 029 ***550.00

