

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91292 045 ***150.00

DOCUMENT # F97000002940

1. Entity Name
HOME HEALTH CORPORATION OF AMERICA, INC.

Principal Place of Business Mailing Address
2200 RENAISSANCE BOULEVARD, SUITE 300 **2200 RENAISSANCE BOULEVARD, SUITE 300**
KING OF PRUSSIA PA 19406 **KING OF PRUSSIA PA 19406**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **620 Freedom Business Center**
 City & State **Ste. 105**
King of Prussia PA
 Zip Country Zip Country
19406



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2224800** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOWARDS, BRENT
7401 114TH AVE N STE 501
LARGO FL 33773

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**
 Signature, typed or printed name of registered agent and file if applicable. (Special Assistant Secretary when reinstating) DATE **4/24/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GELLER, DAVID S 2200 RENAISSANCE BLVD STE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> Delete	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	VC BELLENGHI, MICHAEL 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 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	D MACHAVER, HARVEY 2200 RENAISSANCE BOULEVARD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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** **610-2052440**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)