

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90229 034 ***150.00

DOCUMENT # F97000002940

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

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

Mailing Address
620 FREEDOM BUSINESS CENTER
STE 105
KING OF PRUSSIA PA 19406



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|------------------------------------|---|
| 2. Principal Place of Business 620 Freedom Business Center Suite, Apt. #, etc. Suite 105 City & State King of Prussia PA Zip 19406 | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 4. FEI Number 23-2224800 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE IS RD PLANTATION FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 | PD GELLER, DAVID S 620 FREEDOM BUSINESS CENTER 105 KING OF PRUSSIA PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BELLENGHI, MICHAEL 620 FREEDOM BUSINESS CENTER 105 KING OF PRUSSIA PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACHAVER, HARVEY 620 FREEDOM BUSINESS CENTER 105 KING OF PRUSSIA PA 19406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 **David S. Geller** 610-205-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)