

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20580

1. Entity Name  
ALL CARE HEALTH SERVICES, INC.

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

05-17-2001 91292 046 \*\*\*150.00

Principal Place of Business

Mailing Address

3541 NORTH PINE ISLAND RD  
SUNRISE FL 33351  
US

2200 RENAISSANCE BLVD  
SUITE 300  
KING OF PRUSSIA PA 19406  
US

2. Principal Place of Business

3. Mailing Address

620 Freedom Business Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

City & State

City & State

King of Prussia PA

4. FEI Number 59-2469775

Applied For  
Not Applicable

Zip

Country

Zip

Country

19406

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

HALLER, MINERVA  
2900 N MILITARY TRAIL, STE 205  
BOCA RATON FL 33431

Name

C T Corporation System

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

1200 South Plantation 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*  
Signature, typed or printed name of registered agent, and title if applicable.

MARGARET E. ROUTZAHN

Special Assistant Secretary

DATE

4/18/01

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 PCD ☐ Delete  
NAME GELLER, DAVID S  
STREET ADDRESS 2200 RENAISSANCE BLVD SUITE 300  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 620 Freedom Business Center Ste 105  
CITY-ST-ZIP King of Prussia PA 19406

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Stella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

610-2052440

Daytime Phone #

CR2E034 (10/00)