

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91292 032 ***150.00

DOCUMENT # L67923

1. Entity Name

HOME HEALTH CORPORATION OF AMERICA, INC./FT. PIE

Principal Place of Business

Mailing Address

**3541 NORTH PINE ISLAND RD
 FORT LAUDERDALE FL 33351**

**2200 RENAISSANCE BLVD
 SUITE 300
 KING OF PRUSSIA PA 19406
 US**

2. Principal Place of Business

3541 North Pine Island Rd

Suite, Apt. #, etc.

City & State

Sunrise FL

Zip
33351

Country

3. Mailing Address

620 Freedom Business Center

Suite, Apt. #, etc.

Suite 105

City & State

King of Prussia PA

Zip

19406

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0188646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

MARGARET E. ROUTZAHN

Special Assistant Secretary

4/24/01

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

(NOTE: Registered Agent signature required for this filing)

DATE

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 GELLER, DAVID S
 2000 RENAISSANCE BLVD STE 300
 KING OF PRUSSIA PA 19406**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**620 Freedom Business Center
 King of Prussia PA 19406**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

610-205-2440

Daytime Phone #

CR2E034 (10/00)