

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90413 030 \*\*\*150.00

**DOCUMENT # L67923**

1. Entity Name  
**HOME HEALTH CORPORATION OF AMERICA, INC./FT.  
PIERCE HOME HEALTH SERVICES**



Principal Place of Business

**2300 GLADES ROAD SUITE 304E  
BOCA RATON, FL 33431**

Mailing Address

**620 FREEDOM BUSINESS CENTER  
STE 105  
KING OF PRUSSIA, PA 19406 US**

**DO NOT WRITE IN THIS SPACE**

04262005 No Chg-P CR2E034 (10/03)

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

**CT CORPORATION SYSTEM  
1200 S PLANTATION ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GELLER, DAVID S  
620 FREEDOM BUSINESS CENTER  
KING OF PRUSSIA, PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
FURTEK, RICHARD E  
620 FREEDOM BUSINESS CENTER  
KING OF PRUSSIA, PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard E. Furtek, CEO*  
**Richard E. Furtek, CEO**

**4/27/05** 610-205-2440