

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000095536</b>						<b>FILED</b> 06 NOV -7 2006 4:28 SEC TALLAHASSEE	
<b>1. Entity Name</b> HOME HEALTH CORPORATION OF AMERICA, INC. - OCALA				<b>Principal Place of Business</b> PADDOCK PARK BUSINESS CENTER 3300 S.W. 34TH STREET #138 OCALA, FL 34474-7422			
<b>Mailing Address</b> 620 FREEDOM BUSINESS CENTER SUITE 105 KING OF PRUSSIA, PA 19406							
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		<b>REINSTATEMENT 2006</b> 10242006 REIN-PA CF2E098 (11/05)		<b>4. FEI Number</b> 03-0480050	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <u>Korri A. Behler</u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <b>KORRI A. BEHLER</b>  Special Assistant Secretary </div> <div style="width: 20%; text-align: right;"> 11/1/06  <small>DATE</small> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2007, Fee will be \$900.00</b> </div> <div style="width: 40%;"></div> <div style="width: 20%;"></div> </div>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PASD GELLER, DAVID S 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600081589456 11/07/06--01039--006 **\$600.00		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VPTS FURTEK, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 09/29/06 01072 013 \$ 158.75		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>							
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>						<small>Daytime Phone #</small>	