

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

0112149 AV

09-12-2003 90096 015 ***150.00

DOCUMENT # P02000095536

1. Entity Name

HOME HEALTH CORPORATION OF AMERICA, INC. - OCALA



Principal Place of Business
**PADDOCK PARK BUSINESS CENTER
3300 S.W. 34TH STREET #138
OCALA FL 34474-7422**

Mailing Address
**PADDOCK PARK BUSINESS CENTER
3300 S.W. 34TH STREET #138
OCALA FL 34474-7422**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0480050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President and Asst. Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>David S. Geller</i>	
STREET ADDRESS	<i>620 Freedom Business Center</i>	
CITY-ST-ZIP	<i>King of Prussia, PA 19406</i>	
TITLE	<i>Vice President, Treasurer, Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>Richard L. Fuetek</i>	
STREET ADDRESS	<i>620 Freedom Business Center</i>	
CITY-ST-ZIP	<i>King of Prussia, PA 19406</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	<i>David S. Geller</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

9/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80147536
HOME HEALTH CORPORATION of AMERICA, Inc.
620 Freedom Business Center, suite 105
King of Prussia, PA 19406
(610-670-7804)

September 10, 2003

FLA Department of Revenue
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, FL 32399

re: Document # P02000095536
EIN #03-0480050,
HHCA, Inc. - Ocala

Dear Florida DOR:

We are filing the UBR/Annual Report Filing for this subsidiary for the first time. Enclosed is a check in the amount of \$150.00.

This corporation is a member of our affiliated group of Subsidiaries, and has just been chartered, and is in its first year of conducting business in Florida. This form showing a due date of September 10, 2003, arrived without prior notification, and so, following up on our phone conversation, we are requesting that the late fee of \$400.00 be waived.

We appreciate your understanding in this matter and stipulate that we intend to be regular in our filings hereafter.

Thank you for your careful attention to this matter. If you have any questions, please contact me at (610) 205-2440 ext. 206.

Sincerely,



Daniel L. Murnane,
Corporate Accounting Manager