

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02890

1. Entity Name

ALL-CARE HOME HEALTH SERVICES, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90038 004 \*\*\*550.00

Principal Place of Business

3537-43 NORTH PINE ISLAND RD  
SUNRISE FL 33351  
US

Mailing Address

2200 RENAISSANCE BLVD  
SUITE 300  
KING OF PRUSSIA PA 19406  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3541 NORTH PINE ISLAND RD

CITY & STATE  
SUNRISE, FL

3. Mailing Address

Suite, Apt. #, etc.

CITY & STATE

Zip

Country

33351

USA

Zip

Country

4. FEI Number

59-1619442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHUDOW, KATHY  
7401 114TH AVE N  
LARGO FL 33773

7. Name and Address of New Registered Agent

Name MINERVA HALLER

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

2900 N. MILITARY TRAIL, SUITE 205

CITY BOCA RATON

FL

Zip Code 33431

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

*Minerva Haller*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PCD  
NAME GELLER, DAVID S  
STREET ADDRESS 2200 RENAISSANCE BLVD, STE 300  
CITY-ST-ZIP KING OF PRUSSIA PA 19406 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)