

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91292 043 \*\*\*150.00

**DOCUMENT # P02890**

1. Entity Name

**ALL-CARE HOME HEALTH SERVICES, INC.**

Principal Place of Business

Mailing Address

**3541 NORTH PINE RD  
 SUNRISE FL 33351  
 US**

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

2. Principal Place of Business

3. Mailing Address

*620 Freedom Business Center*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 105*

City & State

City & State

*King of Prussia PA*

Zip

Country

Zip

Country

*19406*

4. FEI Number **59-1619442**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete  
 NAME **GELLER, DAVID S**  
 STREET ADDRESS **2200 RENAISSANCE BLVD, STE 300**  
 CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **620 Freedom Business Center Ste. 105**  
 STREET ADDRESS **King of Prussia PA 19406**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

*4/24/01*  
 Date

*610-205-2440*  
 Daytime Phone #

CR2E034 (10/00)