

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000148500					
1. Entity Name HOME HEALTH CORPORATION OF AMERICA, INC. - ORLANDO					
Principal Place of Business 604 COURTLAND ST., STE. 131 ORLANDO, FL 32804			Mailing Address 620 FREEDOM BUSINESS CENTER SUITE 105 KING OF PRUSSIA, PA 19406		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0453803	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <i>Korri A. Behler</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> KORRI A. BEHLER 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: 40%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 </div> <div style="width: 60%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME GELLER, DAVID S		TITLE <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	NAME 000081589660	
STREET ADDRESS 620 FREEDOM BUSINESS CENTER, SUITE 105	STREET ADDRESS KING OF PRUSSIA, PA 19406		STREET ADDRESS <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	STREET ADDRESS 11/07/06--01039--010 **600.00	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VTS	NAME FURTEK, RICHARD E		TITLE <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	NAME 000080315280	
STREET ADDRESS 620 FREEDOM BUSINESS CENTER, SUITE 105	STREET ADDRESS KING OF PRUSSIA, PA 19406		STREET ADDRESS <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	STREET ADDRESS 08/29/06--01072--014 **158.75	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <div style="text-align: right;"> <input type="checkbox"/> Delete </div>	NAME		TITLE <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <div style="text-align: right;"> <input type="checkbox"/> Delete </div>	NAME		TITLE <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	