

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070496

1. Entity Name

HOME HEALTH CORPORATION OF AMERICA, INC.-TAMPA D

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90142 039 \*\*\*150.00

80056212



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7401 114TH AVE N  
SUITE 501  
LARGO FL 33773  
US

2200 RENAISSANCE BOULEVARD  
SUITE 300  
KING OF PRUSSIA PA 19406

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

4. FEI Number 59-3337120

Applied For

Not Applicable

Zip

Country

Zip

Country

19406

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOWARDS, BRENT  
7401 114TH AVENUE NORTH  
501  
LARGO FL 33773

Name

CT 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 agent, or both, in the State of Florida.

SIGNATURE

*Margaret E. Routzahn*

MARGARET E. ROUTZAHN

Special Assistant Secretary

4/24/01

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. ☐  
(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 DCP  
NAME GELLER, DAVID S  
STREET ADDRESS 2200 RENAISSANCE BLVD SUITE 300  
CITY-ST-ZIP KING OF PRUSSIA PA 19406 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

610-205-2440

Date

Daytime Phone #

CR2E034 (10/00)