

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90157 020 \*\*\*150.00

**DOCUMENT # P95000070496**

1. Entity Name  
**HOME HEALTH CORPORATION OF AMERICA, INC.-TAMPA D**  
**DIAGNOSTIC SERVICES**

Principal Place of Business Mailing Address  
**401 114TH AVE. N** **620 FREEDOM BUSINESS CENTER**  
**SUITE 501** **SUITE 105**  
**LARGO FL 33773** **KING OF PRUSSIA PA 19406**  
**US**

2. Principal Place of Business 3. Mailing Address  
**4601 W. Kennedy Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 308**  
 City & State City & State  
**Tampa FL**  
 Zip Country Zip Country  
**33778**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3337120** Applied For  
 Not Applicable

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  
**CT CORPORATION ISLAND ROAD...**  
**1200 SOUTH PLANTATION ISLAND ROAD**  
**FORT LAUDERDALE 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.

SIGNATURE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	<b>PD GELLER, DAVID S</b>	<b>620 FREEDOM BUSINESS CNTR, SUITE 105</b> <b>KING OF PRUSSIA PA 19406</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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** **6010-205-2440**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)