

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
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| PROFIT CORPORATION ANNUAL REPORT 1998 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|



DOCUMENT # **P96000034787 (7)**

1. Corporation Name

**HOME HEALTH CORPORATION OF AMERICA, INC. - TAMPA
NURSING**

| | |
|---|---|
| Principal Place of Business 4801 WEST KENNEDY BLVD. STE 308 TAMPA FL 33609 US | Mailing Address 2200 RENAISSANCE BLVD. STE 300 KING OF PRUSSIA PA 19406 |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State 23 Zip | 27 City & State 28 Zip |
| Country 24 25 | Country 29 30 |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324**



DO NOT WRITE IN THIS SPACE

| | | |
|---|------------------------------------|--|
| 3. Date Incorporated or Qualified 04/22/1996 | 4. FEI Number 59-3376566 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 | Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

10. Name and Address of New Registered Agent

| | |
|----------------|--|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | |
|---|---|---------------------------------|---|---|
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECTORS D FELDMAN, BRUCE J 2200 RENAISSANCE BLVD. STE 300 KING OF PRUSSIA PA 19406 | <input type="checkbox"/> DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 900002600779-0 -07/28/98--01080--001 ***6050.00 ***550.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COLBURN, BRUCE 2200 RENAISSANCE BLVD. STE 300 KING OF PRUSSIA PA | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an attachment.

SIGNATURE:

Bruce Feldman

CR2E034 (1097)