

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034787

1. Entity Name

HOME HEALTH CORPORATION OF AMERICA, INC. - TAMPA

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90038 017 \*\*\*550.00

Principal Place of Business

4601 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3376566**

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

CHUDOW, KATHY  
7401 114TH AVE N  
LARGO FL 33773

Name

**CONNIE MURPHY**

Street Address (P.O. Box Number is Not Acceptable)

**4601 W. KENNEDY BLVD. SUITE 308**

City

**TAMPA**

**FL**

Zip Code

**33609**

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

*Connie Murphy*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☒ Delete  
NAME **FELDMAN, BRUCE J**  
STREET ADDRESS **2200 RENAISSANCE BLVD. STE 300**  
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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 OF PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)