2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State DOCUMENT # P9600034787 05-17-2001 91292 044 ***150 00 HOME HEALTH CORPORATION OF AMERICA, INC. - TAMPA Principal Place of Business Mailing Address 2200 RENAISSANCE BLVD. STE 300 4601 WEST KENNEDY BLVD. A0067987 STE 308 KING OF PRUSSIA PA 19406 TAMPA FL 33609 US 2. Principal Place of Business 3. Mailing Address 620 Freedom Business Center Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 105 City & State City & State 4. FEI Number Applied For 59-3376566 ING OF Prussa Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of Naw Registered Agent 6. Name and Address of Current Registered Agent CT Corporation System MURPHY, CONNIE Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 4601 W. KENNEDY BLVD **TAMPA FL 33609** City Plantation 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. MARGARET E. ROUTZAHN Special Assistant Secretary Men reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **Change** Delete Delete TITLE Geller, David S 620 Freedom Business Center Ste 105 FELDMAN, BRUCE J NAME NAME STREET ADDRESS 2200 RENAISSANCE BLVD. STE 300 STREET ADDRESS King of Prussia CITY-ST-7IP CITY-ST-ZIP KING OF PRUSSIA PA 19406 ☐ Change Addition ☐ Delete TITLE TITLE GELLER, DAVID S NAME NAME 2200 RENAISSANCE BLVD STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KING OF PRUSSIA PA 19406 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/61.

010-205-2440

Daytime Phone #