

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 015 ***150.00

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1. Entity Name
HOME HEALTH CORPORATION OF AMERICA, INC. - TAMPA NURSING

Principal Place of Business Mailing Address
4601 WEST KENNEDY BLVD. STE 308 TAMPA, FL 33609 US **620 FREEDOM BUSINESS CENTER SUITE 105 KING OF PRUSSIA, PA 19406**

14013030

2. Principal Place of Business Suite, Apt. #, etc.
5509 W. Gray St. suite 204

City & State Zip Country
TAMPA, FL 32804 USA

3. Mailing Address Suite, Apt. #, etc.
Suite 105

City & State Zip Country
PA 19406

04292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3376566 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, CONNIE
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **GELLER, DAVID S**
STREET ADDRESS **620 FREEDOM BUSINESS CENTER STE 105**
CITY-ST-ZIP **KING OF PRUSSIA, PA 19406**

TITLE VTS ☐ Delete
NAME **FURTEK, RICHARD E**
STREET ADDRESS **620 FREEDOM BUSINESS CENTER**
CITY-ST-ZIP **KING OF PRUSSIA, PA 19406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard E. Furtek** 4/30/04 610 205-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #