


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000034787</b> 1. Entity Name <b>HOME HEALTH CORPORATION OF AMERICA, INC. - TAMPA NURSING</b>	
---	---

Principal Place of Business <b>5509 W. GRAY ST., STE 204 TAMPA, FL 33609 US</b>	Mailing Address <b>620 FREEDOM BUSINESS CENTER SUITE 105 KING OF PRUSSIA, PA 19406</b>
--	---

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3376566</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

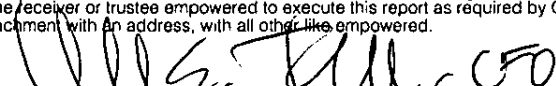
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000904454 05/01/08-80012-014 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLER, DAVID S 620 FREEDOM BUSINESS CENTER STE 105 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FURTEK, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/9/08** **484-690-1217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #