FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034789 (3)

1. Corporation Name

HOME HEALTH CORPORATION OF AMERICA, INC. - ST. PETERSBURG

Principal Place of Business	Mailing Address
2200 RENAISSANCE BLVD. STE 300 KING OF PRUSSIA PA 19406	2200 RENAISSANCE BLVD. STE 300 KING OF PRUSSIA PA 19406-2747

3. Date Incorporated or Qualified 04/22/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 5670 54th Avenue	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28
Zip 24 33709 Country 25 US	Zip 29 Country 30

4. FEI Number 59-3376555 — Applied For / ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME FELDMAN, BRUCE J		1.2 NAME	
STREET ADDRESS 2200 RENAISSANCE BLVD. STE 300		1.3 STREET ADDRESS	
CITY-ST-ZIP KING OF PRUSSIA PA 19406		1.4 CITY-ST-ZIP	
TITLE ☐ DELETE		2.1 TITLE S	☐ Change ☑ Addition
NAME		2.2 NAME Colburn, Bruce J	
STREET ADDRESS		2.3 STREET ADDRESS 2200 Renaissance Blvd, Suite 300	
CITY-ST-ZIP		2.4 CITY-ST-ZIP King of Prussia, PA 19406	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 address.

SIGNATURE: _____ Bruce Colburn 1/10/97 610-272-1717

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