

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000034789**

1. Entity Name

**HOME HEALTH CORPORATION OF AMERICA, INC. - ST. P****FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90038 002 \*\*\*550.00

Principal Place of Business

5670 54TH AVE.  
ST PETERSBURG FL 33709  
US

Mailing Address

2200 RENAISSANCE BLVD. STE 300  
KING OF PRUSSIA PA 19406**A0074549**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4601 W KENNEDY BLVD**

Suite, Apt. #, etc.

**SUITE 308**

City &amp; State

**TAMPA FL**

Zip

**33609**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

4. FEI Number

**59-3376555**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHUDOW, KATHY  
7401 114TH AVE N  
LARGO FL 33773

7. Name and Address of New Registered Agent

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

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FELDMAN, BRUCE J</b>	
STREET ADDRESS	<b>2200 RENAISSANCE BLVD. STE 300</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GELLER, DAVID S</b>	
STREET ADDRESS	<b>2200 RENAISSANCE BLVD STE 300</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 J. GELLER, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)