

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91292 033 ***150.00

DOCUMENT # P96000034789

1. Entity Name

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

Principal Place of Business

Mailing Address

**4601 W KENNEDY
 STE 308
 TAMPA FL 33609
 US**

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

2. Principal Place of Business

3. Mailing Address

620 Freedom Business Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 105

City & State

City & State

King of Prussia PA

Zip

Country

Zip

Country

19406

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

7. Name and Address of New Registered Agent

**MURPHY, CONNIE
 4601 W KENNEDY BLVD
 STE 308
 TAMPA FL 33609**

Name

CI Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

MARGARET E. ROUTZAHN

Special Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GELLER, DAVID S**
 CITY-ST-ZIP **2200 RENAISSANCE BLVD STE 300**
KING OF PRUSSIA PA 19406

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **620 Freedom Business Center Ste 105**
 CITY-ST-ZIP **King of Prussia PA 19406**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 S Geller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

610-205-2440

Daytime Phone #

CR2E034 (10/00)