

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000034789 1. Entity Name HOME HEALTH CORPORATION OF AMERICA, INC. - ST. PETERSBURG						FILED 06 NOV -7 PM 4:28 TALLAHASSEE	
Principal Place of Business 39316 US HWY 19 NORTH TARPOON SPRINGS, FL 34689 US			Mailing Address 620 FREEDOM BUSINESS CENTER 105 KING OF PRUSSIA, PA 19406			 REINSTATEMENT 2006 0242008 REIN P CR2E098 (11/06)	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip			
4. FEI Number 59-3376555				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 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			
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: <u>Korri A. Behler</u> KORRI A. BEHLER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) Special Assistant Secretary DATE: <u>11/1/06</u>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD GELLER, DAVID S 620 FREEDOM BUSINESS CENTER #105 KING OF PRUSSIA, PA 19406		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081589553 11/07/06--01039--008 **\$600.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VTS FURTEK, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080315397 09/29/06--01072--017 **\$158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date: _____ Daytime Phone #: _____							