

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90096 014 \*\*\*150.00

0146654 AB

**DOCUMENT # P96000034789**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**620 FREEDOM BUSINESS CENTER  
105  
KING OF PRUSSIA PA 19406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3376555**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~XXXXXXXXXX~~

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.T.S  
Richard E. Furetek  
620 Freedom Business Center  
King of Prussia, PA 19406**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80147537  
HOME HEALTH CORPORATION of AMERICA, Inc.  
620 Freedom Business Center, suite 105  
King of Prussia, PA 19406  
(610-670-7804)

September 10, 2003

FLA Department of Revenue  
Uniform Business Report Filings  
409 East Gaines Street  
Tallahassee, FL 32399

re: Document # P96000034789  
EIN #59-3376555,  
HHCA, Inc. - St. Petersburg

Dear Florida DOR:


We are filing the UBR/Annual Report Filing for this subsidiary for the first time. Enclosed is a check in the amount of \$150.00.

This corporation is a member of our affiliated group of Subsidiaries, and has been conducting business in Florida in the past. We have no record of making these filings in past years, and no record of making similar payments to this payee. This form showing a due date of September 10, 2003, arrived without prior notification, and so, following up on our phone conversation, we are requesting that the late fee of \$400.00 be waived.

We appreciate your understanding in this matter and stipulate that we intend to be regular in our filings hereafter.

Thank you for your careful attention to this matter. If you have any questions, please contact me at (610) 205-2440 ext. 206.

Sincerely,

  
Daniel L. Murnane,  
Corporate Accounting Manager