

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034794

1. Entity Name

HOME HEALTH CORPORATION OF AMERICA, INC. - PINEL

Principal Place of Business

7441 114TH AVE N
LARGO FL 33773
US

Mailing Address

2200 RENAISSANCE BLVD. STE 300
KING OF PRUSSIA PA 19406

2. Principal Place of Business

4601 W KENNEDY BLVD

Suite, Apt. #, etc.

SUITE 308

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3376559

Applied For

Not Applicable

Zip

Country

33609

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUDOW, KATHY

7401 114TH AVENUE NORTH
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

Connie Murphy

Signature, typed or printed name of registered agent and title, 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 ☐ Delete
NAME D
STREET ADDRESS GELLER, DAVID S
CITY-ST-ZIP 2200 RENAISSANCE BLVD. STE 300
KING OF PRUSSIA PA 19406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Date

Daytime Phone #

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 016 ***550.00

00074030



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)