

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034794

1. Entity Name

HOME HEALTH CORPORATION OF AMERICA, INC. - PINEL

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

05-17-2001 91292 042 \*\*\*150.00

Principal Place of Business

Mailing Address

4601 W KENNEDY BLVD  
 STE 302  
 TAMPA FL 33609  
 US

2200 RENAISSANCE BLVD. STE 300  
 KING OF PRUSSIA PA 19406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 308

Suite, Apt. #, etc.

Suite 105

City & State

City & State

King of Prussia PA

Zip

Country

Zip

Country

19406



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3376559

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

CT 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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David Skeller*

4/30/01  
 Date

610-205-2440  
 Daytime Phone #

CR2E034 (10/00)