

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 023 ***150.00

DOCUMENT # P96000034794

1. Entity Name
**HOME HEALTH CORPORATION OF AMERICA, INC. -
PINELLAS**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

12945 Seminole Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Bldg. 1, Suite 13

City & State

LARGO, FL

Zip

33778

Country

USA

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE, FL 33324**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GELLER, DAVID S
STREET ADDRESS 620 FREEDOM BUSINESS CENTER STE 105
CITY-ST-ZIP KING OF PRUSSIA, PA ☐ Delete

TITLE VTS
NAME FURTCK, RICHARD E
STREET ADDRESS 620 FREEDOM BUSINESS CENTER
CITY-ST-ZIP KING OF PRUSSIA, PA 19406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME Furtck, Richard E
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard E. Furtck 4/30/04 610 205-2440