

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000034794</b>					
<b>1. Entity Name</b> HOME HEALTH CORPORATION OF AMERICA, INC. - PINELLAS					
<b>Principal Place of Business</b> 12945 SEMINOLE BLVD BLDG. 1, SUITE 13 LARGO, FL 33778 US			<b>Mailing Address</b> 620 FREEDOM BUSINESS CENTER SUITE 105 KING OF PRUSSIA, PA 19406		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 59-3376559	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Rd</u> City <u>Plantation</u> FL Zip Code <u>33324</u>		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u>Korri A. Behler</u>  <small>Signature, type or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <b>KORRI A. BEHLER</b>  <b>Special Assistant Secretary</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE <u>11/1/04</u> </div> </div>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GELLER, DAVID S 620 FREEDOM BUSINESS CENTER STE 105 KING OF PRUSSIA, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000081529410</b> <b>11/07/06--01039--005 **\$600.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS FURTER, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9/29/06 01072 011 \$158.75</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					