

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P27867*
1. Corporation Name
HOUSECALL MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
1000 Abernathy Road 1000 Abernathy Road
Bldg. 4; Ste. 1825 Bldg. 4; Ste. 1825
Atlanta, Georgia 30328 Atlanta, Georgia 30328

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1000 Abernathy Road Suite, Apt. #, etc. Bldg. 400 ; Ste. 1825 City & State Atlanta, Georgia 30328 Zip 25	2a. Mailing Address 1000 Abernathy Road Suite, Apt. #, etc. Bldg. 400 ; Ste. 1825 City & State Atlanta, Georgia 30328 Zip 29	3. Date Incorporated or Qualified 1/26/90	4. FEI Number 61-1102449 Applied For Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
The Prentise Hall Corporation System, Inc.
1201 Hays Street
Suite 105
allahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE Registered Agent signature required when re-registering) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D <input checked="" type="checkbox"/> DELETE	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME Kohl, Daniel C.	2. NAME Kohl, Daniel J.
3. STREET ADDRESS 1000 Abernathy RD, Bldg 400 Ste 1825 4. CITY-ST-ZIP Atlanta, Georgia 30328	3. STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825 4. CITY-ST-ZIP Atlanta, Georgia 30328	5. TITLE S <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME Lay, Sonya K.	6. NAME Lay, Sonya K.	7. STREET ADDRESS 123 Center Park DR 8. CITY-ST-ZIP Knoxville, TN 37922	7. STREET ADDRESS 123 Center Park DR 8. CITY-ST-ZIP Knoxville, TN 37922
9. TITLE T/D <input type="checkbox"/> DELETE	9. TITLE T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME Follmer, Fred C.	10. NAME Follmer, Fred C.
11. STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825 12. CITY-ST-ZIP Atlanta, Georgia 30328	11. STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825 12. CITY-ST-ZIP Atlanta, Georgia 30328	13. TITLE VP/D <input checked="" type="checkbox"/> DELETE	13. TITLE VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME Small, Harold W.	14. NAME Small, Harold W.	15. STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste.1825 16. CITY-ST-ZIP Atlanta, Georgia 30328	15. STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825 16. CITY-ST-ZIP Atlanta, Georgia 30328
17. TITLE <input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	18. NAME <input type="checkbox"/> DELETE	18. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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93. NAME <input type="checkbox"/> DELETE	93. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	94. STREET ADDRESS <input type="checkbox"/> DELETE	94. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
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97. NAME <input type="checkbox"/> DELETE	97. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	98. STREET ADDRESS <input type="checkbox"/> DELETE	98. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
99. CITY-ST-ZIP <input type="checkbox"/> DELETE	99. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	100. TITLE <input type="checkbox"/> DELETE	100. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/97)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred C. Follmer* Fred C. Follmer 4/27/98 (770) 379-9000

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