


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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -3 PM 5:02
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27867**
1. Corporation Name
Housecall Medical Services, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/26/90

| | | | | | |
|-----------------------------|----------------------|---------------------|----------------------|---|---|
| 21 | 2a | 26 | 27 | 4. | Applied For |
| Principal Place of Business | Mailing Address | FEI Number | Not Applicable | 61-1102449 | |
| 22 | 23 | 28 | 29 | 5. | 8.75 Additional Fee Required |
| Suite, Apt. #, etc. | City & State | Suite, Apt. #, etc. | City & State | Certificate of Status Desired | <input type="checkbox"/> |
| | Knoxville, TN | | Knoxville, TN | 6. | 5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 24 | 25 | 29 | 30 | 8. | This corporation owes the current year Intangible Personal Property Tax |
| 37919 | | 37919 | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

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

11. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 11 TITLE | D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Daniel J. Kohl | 12 NAME | LaDonna Blom-Antonio |
| STREET ADDRESS | 1000 Abernathy Rd., Bld.400, Ste1825 | 13 STREET ADDRESS | 1600 Tamiami Trl., 4th Floor |
| CITY-ST-ZIP | Atlanta, GA 30328 | 14 CITY-ST-ZIP | Murdock, FL 33938-0549 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 21 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sonya K. Lay | 22 NAME | Mardian Blair |
| STREET ADDRESS | 123 Center Park Drive | 23 STREET ADDRESS | 111 North Orlando Avenue |
| CITY-ST-ZIP | Knoxville, TN 37922 | 24 CITY-ST-ZIP | Winter Park, FL 32789 |
| TITLE | T/D <input checked="" type="checkbox"/> DELETE | 31 TITLE | T/VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Fred C. Follmer | 32 NAME | Gregg Davis |
| STREET ADDRESS | 1000 Abernathy Rd., Bld 400, Ste1825 | 33 STREET ADDRESS | 1600 Tamiami Trl., 4th Floor |
| CITY-ST-ZIP | Atlanta, Ga 30328 | 34 CITY-ST-ZIP | Murdock, FL 33938-0549 |
| TITLE | VP/D <input checked="" type="checkbox"/> DELETE | 41 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Harold W. Small | 42 NAME | Calvin Wiese |
| STREET ADDRESS | 1000 Abernathy Rd., Ste.1825 | 43 STREET ADDRESS | 111 North Orlando Avenue |
| CITY-ST-ZIP | Atlanta, GA 30328 | 44 CITY-ST-ZIP | WinterPark, FL 32789 |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 52 NAME | Robert Henderschedt |
| STREET ADDRESS | | 53 STREET ADDRESS | 111 North Orlando Avenue |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | Winter Park, FL 32789 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | Asst. S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62 NAME | Deborah Haas Thaler |
| STREET ADDRESS | | 63 STREET ADDRESS | 1000 Abernathy Rd., Bld. 400, Ste. 1825 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | Atlanta, GA 30328 |

CR2E034 (1/198)

14. 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, with all other like empowered.

SIGNATURE: *Deborah Haas Thaler* **Deborah Haas Thaler/Asst. Secretary 4/30/99 (770) 379-9000**

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Housecall Medical Services, Inc.

Additional Information

OFFICERS

| NAME | TITLE | ADDRESS |
|----------------|------------------------|---|
| T. L. Trimble | Assistant Secretary | 111 North Orlando Avenue Winter Park, FL 32789 |
| Jeanne Jepson | Assistant Secretary | 1600 Tamiami Trail, 4 th Floor Murdock, FL 33938-0549 |
| Carrie Daniels | Assistant Secretary | 311 Weisgarber Rd., SW Knoxville, TN 37919 |



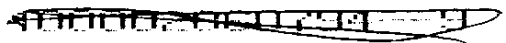
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ACCOUNT NO. : 072100000032
REFERENCE : 225562 126505A
AUTHORIZATION :
COST LIMIT : \$ 150.00 *Patricia Pizuk*

ORDER DATE : May 3, 1999
ORDER TIME : 1:05 PM
ORDER NO. : 225562-030
CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia
Housecall Medical Resources,
Building 400, Suite 1825
1000 Abernathy Road
Atlanta, GA 30328

ANNUAL REPORT FILING



NAME: HOUSECALL MEDICAL SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____