


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90009 024 ***150.00

DOCUMENT # P27867

1. Entity Name
 HOUSECALL MEDICAL SERVICES, INC.



Principal Place of Business
 1400 CENTERPOINT BLVD, STE 100
 KNOXVILLE TN 37932-1979
 US

Mailing Address
 1400 CENTERPOINT BLVD, STE 100
 KNOXVILLE TN 37932-1979
 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

4. FEI Number **61-1102449**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HELLER, JOHN F III	
STREET ADDRESS	6501-DEANE HILL DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN E	
STREET ADDRESS	8501-DEANE HILL DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	EATON, J. STEPHEN	
STREET ADDRESS	1200-ABERNATHY RD, STE 1700	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAFFNEY, MIKE	
STREET ADDRESS	ALLIED CAPITAL, 1919 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAHL, ALAN	
STREET ADDRESS	1200-ABERNATHY ROAD, SUITE 1700	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DANIELS, CARRIE	
STREET ADDRESS	6501-DEANE HILL DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

for correct list see attached list and addresses

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: Carrie Daniels *Carrie Daniels 3/15/05 (865) 292-6000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40036027
P27367

OFFICERS AND BOARD OF DIRECTORS FOR

HOUSECALL MEDICAL SERVICES, INC.

AS OF 12/24/04

BOARD OF DIRECTORS:

Alan Dahl – Director
HMR Acquisition, Inc.
5445 Triangle Parkway
Suite 260
Norcross GA 30092

George Ferris – Director
Allied Capital
1919 Pennsylvania Avenue
Washington DC 20006

John Heller – President and CEO (Chair)
Housecall Medical Resources, Inc.
1400 Centerpoint Blvd
Suite 100
Knoxville TN 37932-1979

OFFICERS

JOHN HELLER – PRESIDENT AND CEO*
JOHN MORRIS – SECRETARY AND COO*
CARRIE DANIELS – ASSISTANT SECRETARY*
LINDA MEADOR – ASSISTANT SECRETARY*

*ADDRESS – 1400 Centerpoint Blvd, Suite 100, KNOXVILLE TN 37919