

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90185 013 ***150.00

DOCUMENT # P27867

1. Entity Name
HOUSECALL MEDICAL SERVICES, INC.



Principal Place of Business
311 WEISGARBER RD., S.W.,
KNOXVILLE, TN 37919 US

Mailing Address
6501 DEANE HILL DR
KNOXVILLE, TN 37919 US

2. Principal Place of Business
6501 Deane Hill Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
KNOXVILLE TN

City & State

Zip
37919 Country
US

Zip Country



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 106
TALLAHASSEE, FL 32301

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

FILE DOWN FEE IS \$160.00
After May 1, 2003 Fee will be \$250.00
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	PSD	<input checked="" type="checkbox"/> Delete
NAME	BLOM-ANTONIO, LADONNA	
STREET ADDRESS	1600 TAMiami TRl., 4TH FLOOR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WERNER, THOMAS	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, GREGG	
STREET ADDRESS	6501 DEANE HILL DR.	
CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, CARRIE	
STREET ADDRESS	6501 DEANE HILL DR	
CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSCHIEDT, ROBERT	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	TRIMBLE, T L	
STREET ADDRESS	111 N ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT -P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan C. Dahl	
STREET ADDRESS	6501 Deane Hill Drive	
CITY-ST-ZIP	Knoxville TN 37919	
TITLE	SECRETARY -S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John E. Morris	
STREET ADDRESS	6501 Deane Hill Drive	
CITY-ST-ZIP		
TITLE	CHAIRMAN -C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Stephen Eaton	
STREET ADDRESS	1200 Abernathy Rd, Suite 1700	
CITY-ST-ZIP	Atlanta GA 30328	
TITLE	DIRECTOR -D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Izzo	
STREET ADDRESS	Allied Capital, 1919 Pennsylvania Avenue	
CITY-ST-ZIP	Washington DC 20006	
TITLE	DIRECTOR -D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Gaffney	
STREET ADDRESS	Allied Capital, 1919 Pennsylvania Avenue	
CITY-ST-ZIP	Washington DC 20006	
TITLE	DIRECTOR -D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Cabell Williams	
STREET ADDRESS	Allied Capital, 1919 Pennsylvania Avenue	
CITY-ST-ZIP	Washington, DC 20006	

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 3/7/03 865-292-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)