

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

FILED
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 # **094000054850**
1. Corporation Name
HOUSECALL MEDICAL EQUIPMENT, INC.

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
7/25/94

2. 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	4. FEI Number 61-1266336 Applied For <input type="checkbox"/> Not Applicable	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	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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME Kohl, Daniel C.	
STREET ADDRESS 1000 Abernathy RD, Bldg 400 Ste 1825	
CITY-ST-ZIP Atlanta, Georgia 30328	
TITLE S	<input type="checkbox"/> DELETE
NAME Lay, Sonya K.	
STREET ADDRESS 123 Center Park Dr.	
CITY-ST-ZIP Knoxville, TN 37922	
TITLE T/D	<input type="checkbox"/> DELETE
NAME Follmer, Fred	
STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825	
CITY-ST-ZIP Atlanta, Georgia 30328	
TITLE VP/D	<input checked="" type="checkbox"/> DELETE
NAME Small, Harold W.	
STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825	
CITY-ST-ZIP Atlanta, Georgia 30328	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Kohl, Daniel J.	
1.3 STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825	
1.4 CITY-ST-ZIP Atlanta, Georgia 30328	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Mahoney, Shaun P.	
4.3 STREET ADDRESS 1000 Abernathy RD Bldg 400 Ste 1825	
4.4 CITY-ST-ZIP Atlanta, Georgia 30328	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 100002510021	
6.3 STREET ADDRESS -05/04/98--01106--005	
6.4 CITY-ST-ZIP ***150.00	

4. 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 in an attachment with an address.

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

CF2E034 (10/97)