

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003804

1. Entity Name

HOUSECALL MEDICAL RESOURCES, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 045 ***550.00

Principal Place of Business

Mailing Address

1600 TAMiami TRAIL, STE 400
PT CHARLOTTE FL 33088

1600 TAMiami TRAIL, STE 400
PT CHARLOTTE FL 33088

2. Principal Place of Business

3. Mailing Address

6501 Deane Hill Dr

311 Weisgarber Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SW

City & State

City & State

KNOXville TN

KNOXville TN

Zip

Country

Zip

Country

37919 USA

37919 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIMBLE, T L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BLOM-ANTONIO, LADONNA
STREET ADDRESS 1600 TAMiami TRAIL, 4TH FL
CITY-ST-ZIP PT CHARLOTTE FL 7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Port Charlotte FL 33948

TITLE VD
NAME DAVIS, GREGG
STREET ADDRESS 6501 DEANE HILL DRIVE
CITY-ST-ZIP KNOXVILLE TN 7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Knoxville TN 37919

TITLE AS
NAME TRIMBLE, T L
STREET ADDRESS 111 NORTH ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL 7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Winter Park FL 32789

TITLE CD
NAME HENDERSCHIEDT, ROBERT
STREET ADDRESS 111 NORTH ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL 7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Winter Park FL 32789

TITLE V
NAME WERNER, THOMAS L
STREET ADDRESS 111 NORTH ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Winter Park FL 32789

TITLE D
NAME SHAW, TERRY
STREET ADDRESS 111 NORTH ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Winter Park FL 32789

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carrie Daniels V.P. Finance, 7/9/01 865-292-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carrie Daniels
Daytime Phone # 1-843

0537214

CR2E034 (10/00)