

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90024 027 \*\*\*150.00

**DOCUMENT # F00000003804**

**1. Entity Name**  
**HOUSECALL MEDICAL RESOURCES, INC.**

**Principal Place of Business**

**6501 DEANE HILL DRIVE**  
**KNOXVILLE TN 37919**

**Mailing Address**

~~311 WEISGARDER ROAD SW~~  
~~KNOXVILLE TN 37919~~

**2. Principal Place of Business**

**3. Mailing Address**

**6501 Deane Hill Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Knoxville, TN**

Zip

Country

Zip

Country

**37919-6006**

**USA**

**4. FEI Number**

**58-2114917**

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**

**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, 2002 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** ☐ Delete  
**NAME** **BLOM-ANTONIO, LADONNA**  
**STREET ADDRESS** **1600 TAMiami TRAIL, 4TH FL**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33948**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ Delete  
**NAME** **DAVIS, GREGG**  
**STREET ADDRESS** **6501 DEANE HILL DRIVE**  
**CITY-ST-ZIP** **KNOXVILLE TN 37919**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☐ Delete  
**NAME** **TRIMBLE, T L**  
**STREET ADDRESS** **111 NORTH ORLANDO AVE**  
**CITY-ST-ZIP** **WINTER PARK FL 32789**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **CD** ☐ Delete  
**NAME** **HENDERSCHIEDT, ROBERT**  
**STREET ADDRESS** **111 NORTH ORLANDO AVE**  
**CITY-ST-ZIP** **WINTER PARK FL 32789**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **WERNER, THOMAS L**  
**STREET ADDRESS** **111 NORTH ORLANDO AVE**  
**CITY-ST-ZIP** **WINTER PARK FL 32789**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☒ Delete  
**NAME** **SHAW, TERRY**  
**STREET ADDRESS** **111 NORTH ORLANDO AVE**  
**CITY-ST-ZIP** **WINTER PARK FL 32789**

**TITLE** **AS** ☐ Change ☒ Addition  
**NAME** **DANIELS, Carrie**  
**STREET ADDRESS** **6501 Deane Hill Drive**  
**CITY-ST-ZIP** **Knoxville, TN 37919-6006**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Carrie Daniels**

Date

**4/19/02 (865) 292-6543**

Daytime Phone #

CR2E034 (9/01)