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

(1)

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -3 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000391

1. Corporation Name

Biomedical Home Care, Inc.

Principal Place of Business	Mailing Address
8208 Brown Leigh Drive **Raleigh, NC 27612**	**311 Weisgarber Rd., SW** **Knoxville, TN 37919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **1/24/96**

4. FEI Number: **56-1378753** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fee

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 **8208 Brown Leigh Drive**	26 **311 Weisgarber Road SW**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **Raleigh, NC**	City & State 28 **Knoxville, TN**
Zip 24 **27612** Country 25 **Wake**	Zip 29 **37919** Country 30

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Ste. 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is N.G. Acceptable)

83

84 City **FL** 85 Zip Code

000002360788--- 7

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**D** [X] DELETE	11 TITLE	**D/P/S** [X] Change [ ] Addition
NAME	**Kohl, Daniel J.**	12 NAME	**LaDonna Blom-Antonio**
STREET ADDRESS	**1000 Abernathy Rd., Bd. 400,Ste 1825**	13 STREET ADDRESS	**1600 Tamiami Trial, 4th Floor**
CITY-ST-ZIP	**Atlanta, GA 30328**	14 CITY-ST-ZIP	**Murdock, FL 33938-0549**
TITLE	**T/D** [X] DELETE	21 TITLE	**D/VP/T** [X] Change [ ] Addition
NAME	**Follmer, Fred C.**	22 NAME	**Gregg Davis**
STREET ADDRESS	**1000 Abernathy Rd., Bld. 400,Stel825**	23 STREET ADDRESS	**1600 Tamiami Trl, 4th Floor**
CITY-ST-ZIP	**Atlanta, GA 30328**	24 CITY-ST-ZIP	**Murdock, FL 33938-0549**
TITLE	**D** [X] DELETE	31 TITLE	**D** [X] Change [ ] Addition
NAME	**Shaun Mahoney**	32 NAME	**Calvin Wiesé**
STREET ADDRESS	**1000 Abernathy Rd., Bld. 400, Stel825**	33 STREET ADDRESS	**111 North Orlando Avenue**
CITY-ST-ZIP	**Atlanta, GA 30328**	34 CITY-ST-ZIP	**Winter Park, FL 32789**
TITLE	**P** [X] DELETE	41 TITLE	**D** [ ] Change [X] Addition
NAME	**Charles Hunziker**	42 NAME	**Mardian Blair**
STREET ADDRESS	**8208 Brown Leigh Drive**	43 STREET ADDRESS	**111 North Orlando Avenue**
CITY-ST-ZIP	**Raleigh, NC 27612**	44 CITY-ST-ZIP	**Winter Park, FL 32789**
TITLE	**S** [X] DELETE	51 TITLE	**D** [ ] Change [XX] Addition
NAME	**Sonya K. Lay**	52 NAME	**Robert Henderschedt**
STREET ADDRESS	**123 Center Park Drive**	53 STREET ADDRESS	**111 North Orlando Avenue**
CITY-ST-ZIP	**Knoxville, TN 37922**	54 CITY-ST-ZIP	**Winter Park, FL 32789**
TITLE	[ ] DELETE	61 TITLE	**Asst. S** [ ] Change [X] Addition
NAME		62 NAME	**Deborah Haas Thaler**
STREET ADDRESS		63 STREET ADDRESS	**1000 Abernathy Rd., Bld. 400, Stel825**
CITY-ST-ZIP		64 CITY-ST-ZIP	**Atlanta, GA 30328**

CR2E034 (11/98)

14. 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 a director, 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 on an attachment with an address, with all other like empowered.

MSD 5/3/99

SIGNATURE: Deborah Haas Thaler **Deborah Haas Thaler/Asst. Secretary 4/30/99 (770)379-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Biomedical Home Care, Inc.

Additional Information

OFFICERS

NAME	TITLE	ADDRESS
T. L. Trimble	Assistant Secretary	111 North Orlando Avenue Winter Park, FL 32789
Jeanne Jepson	Assistant Secretary	1600 Tamiami Trail, 4th Floor Murdock, FL 33938-0549
Carrie Daniels	Assistant Secretary	311 Weisgarber Rd., SW Knoxville, TN 37919

(3)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 225562 126505A

AUTHORIZATION : Patricia Pizzitola

COST LIMIT : $ 150.00

ORDER DATE : May 3, 1999

ORDER TIME : 1:08 PM

ORDER NO. : 225562-035

CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia
Housecall Medical Resources,
Building 400, Suite 1825
1000 Abernathy Road
Atlanta, GA 30328

ANNUAL REPORT FILING

NAME: BIOMEDICAL HOME CARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____