

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

07-19-2001 90011 001 \*1,100.00

**DOCUMENT # F96000000397**

1. Entity Name

**BIOMEDICAL HOME CARE, INC.**

Principal Place of Business

Mailing Address

8206-BROWN LEIGH DRIVE  
 RALEIGH NC 27612

311 WEISGARBER ROAD S.W.  
 KNOXVILLE TN 37919

76600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6501 Deane Hill Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Knoxville TN

City & State

4. FEI Number **56-1378753**

Applied For

Not Applicable

Zip **37919**

Country **USA**

Zip

Country

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 105**  
**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.

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 **PSD**  
 NAME **BLOM-ANTONIO, LADONNA**  
 STREET ADDRESS **1600 TAMiami TRAIL, 4TH FLOOR**  
 CITY-ST-ZIP **MURDOCK FL 33938-0549**

TITLE **Change**  
 NAME **1600 Tamiami Trail, 4th Floor**  
 STREET ADDRESS **Port Charlotte FL 33948**  
 CITY-ST-ZIP **FL 33948**

TITLE **VTD**  
 NAME **DAVIS, GREGG**  
 STREET ADDRESS **1600 TAMiami TRAIL, 4TH FLOOR**  
 CITY-ST-ZIP **MURDOCK FL 33938-0549**

TITLE **Change**  
 NAME **6501 Deane Hill**  
 STREET ADDRESS **KNOXville TN 37919**  
 CITY-ST-ZIP **37919**

TITLE **D**  
 NAME **WIESE, CALVIN**  
 STREET ADDRESS **111 NORTH ORLANDO AVENUE**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D**  
 NAME **Terry Shaw**  
 STREET ADDRESS **111 N. Orlando Ave**  
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE **D**  
 NAME **BLAIR, MARDIAN**  
 STREET ADDRESS **111 NORTH ORLANDO AVENUE**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D**  
 NAME **Tom Werner**  
 STREET ADDRESS **111 N. Orlando Ave**  
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE **D**  
 NAME **HENDERSCHIEDT, ROBERT**  
 STREET ADDRESS **111 NORTH ORLANDO AVENUE**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **AS**  
 NAME **HAAS THALER, DEBORAH**  
 STREET ADDRESS **1000 ABERNATHY RD, BLD 400, STE 1825**  
 CITY-ST-ZIP **ATLANTA GA 30328**

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

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

Date

Daytime Phone #

CR2E034 (10/00)

0607960