

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90817 001 ***300.00

DOCUMENT # F96000000397

1. Entity Name
BIOMEDICAL HOME CARE, INC.

Principal Place of Business

**6501 DEANE HILL DR
 KNOXVILLE TN 37919
 US**

Mailing Address

~~341 WEISGARBER ROAD S.W.~~
KNOXVILLE TN 37919

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6501 Deane Hill Drive

Knoxville, TN

37919-6606

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1378753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WERNER, TOM**
 CITY-ST-ZIP **111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **AS**
 STREET ADDRESS **Trimble, T. L.**
 CITY-ST-ZIP **111 North Orlando Ave.
 Winter Park, FL 32789**

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

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

TITLE ☐ Change ☒ Addition
 NAME **AS**
 STREET ADDRESS **DANIELS, CARRIE**
 CITY-ST-ZIP **6501 DEANE Hill Drive
 Knoxville, TN 37919-6606**

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 lists empowered.

SIGNATURE:

CARRIE DANIELS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARRIE DANIELS 4/19/02 (865) 292-6543
 Date Daytime Phone #

CR2E034 (9/01)