2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90109 023 ***150.00

DOCUMENT # F96000000397

1. Entity Name
BIOMEDICAL HOME CARE, INC.

Principal Place of Business	Mailing Address
6501 DEANE HILL DR KNOXVILLE, TN 37919 US	6501 DEANE HILL DR KNOXVILLE, TN 37919 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

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	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BLOM-ANTONIO, LADONNA 1600 TAMIAMI TRAIL, 4TH FLOOR MURDOCK, FL 339380549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - P Alan C. Dahl 6501 Deane Hill Drive Knoxville TN 37919 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DAVIS, GREGG 6501 DEANE HILL KNOXVILLE, TN 37919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY - S John E. Morris 6501 Deane Hill Drive ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS TRIMBLE, T L 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN - C J. Stephen Eaton 1200 Abernathy Rd, Suite 1700 Atlanta GA 30328 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERNER, TOM 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - D Frank Izzo Allied Capital, 1919 Pennsylvania Avenue Washington DC 20006 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSCHEDT, ROBERT 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - D Mike Gaffney Allied Capital, 1919 Pennsylvania Avenue Washington DC 20006 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DANIELS, CARRIE 6501 DEANE HILL DRIVE KNOXVILLE, TN 37919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - D G. Cabell Williams Allied Capital, 1919 Pennsylvania Avenue Washington, DC 20006 ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carrie Daniels Carrie Daniels 3/7/03 862-292-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #