

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F98000004708

1. Corporation Name

MESSICK HOMECARE, INC.

Principal Place of Business

307 HICKERSON DRIVE  
MURFREESBORO TN 37129

Mailing Address

307 HICKERSON DRIVE  
MURFREESBORO TN 37129

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90045 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

62-1384961

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 Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MESSICK, JAMES T  
STREET ADDRESS 307 HICKERSON DRIVE  
CITY-ST-ZIP MURFREESBORO TN 37129

TITLE DV ☒ DELETE

NAME KOHL, DANIEL J  
STREET ADDRESS 1000 ABERNATHY ROAD BLDG 400, SUITE 1825  
CITY-ST-ZIP ATLANTA GA 30328

TITLE VD ☒ DELETE

NAME MAHONEY, SHAUN P  
STREET ADDRESS 1000 ABERNATHY ROAD BLDG 400, SUITE 1825  
CITY-ST-ZIP ATLANTA GA 30328

TITLE V ☒ DELETE

NAME RICHARDSON, ROGER  
STREET ADDRESS 307 HICKERSON DRIVE  
CITY-ST-ZIP MURFREESBORO TN 37129

TITLE STD ☒ DELETE

NAME FOLLMER, FRED C  
STREET ADDRESS 1000 ABERNATHY ROAD BLDG 400, SUITE 1825  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Secretary/Director ☒ Change ☐ Addition

1.2 NAME LaDonna Blom-Antonio  
1.3 STREET ADDRESS 1600 Tamiami Trail, 4th Floor  
1.4 CITY-ST-ZIP Murdock, FL 33938-0549

2.1 TITLE VP/Treasurer/Treasurer/ ☒ Change ☐ Addition

2.2 NAME Gregg Davis  
2.3 STREET ADDRESS Gregg Davis - 1600 Tamiami Trl., 4th Fl.  
2.4 CITY-ST-ZIP Murdock, FL 33938-0549

3.1 TITLE Asst. Secretary ☒ Change ☐ Addition

3.2 NAME Carrie Daniels  
3.3 STREET ADDRESS 311 Weisgarber Rd., SW  
3.4 CITY-ST-ZIP Knoxville, TN 37919

4.1 TITLE Asst. Secretary ☒ Change ☐ Addition

4.2 NAME T. L. Trimble  
4.3 STREET ADDRESS 111 North Orlando Avenue  
4.4 CITY-ST-ZIP Winter Park, FL 32789

5.1 TITLE Asst. Secretary ☒ Change ☐ Addition

5.2 NAME Deborah Haas Thaler  
5.3 STREET ADDRESS 1000 Abernathy Rd., Bld. 400, Ste. 1825  
5.4 CITY-ST-ZIP Atlanta, GA 30328

6.1 TITLE Asst. Secretary ☐ Change ☒ Addition

6.2 NAME Jeanne Jepson  
6.3 STREET ADDRESS 1600 Tamiami Trail, 4th Floor  
6.4 CITY-ST-ZIP Murdock, FL 33938-0549

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Haas Thaler REQUIRED 3/23/99 770-379-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)