

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004708

1. Entity Name

MESSICK HOMECARE, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90046 037 \*\*\*150.00

LU020414



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
307 HICKERSON DRIVE MURFREESBORO TN 37129	307 HICKERSON DRIVE MURFREESBORO TN 37129

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	62-1384961	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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)	<input type="checkbox"/>
--	--------------------------

**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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--------------------------	-----------------------------

11. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	BLOM-ANTONIO, LADONNA
STREET ADDRESS	1600 TAMiami TR 4TH FL
CITY-ST-ZIP	MURDOCK FL 33938-0549
TITLE	VTD
NAME	DAVIS, GREGG
STREET ADDRESS	6501 DEANE HILL DRIVE
CITY-ST-ZIP	KNOXVILLE TN 37919
TITLE	AS
NAME	DANIELS, CARRIE
STREET ADDRESS	311 WEISGARBER RD SW
CITY-ST-ZIP	KNOXVILLE TN 37919
TITLE	AS
NAME	TRIMBLE, T L
STREET ADDRESS	111 N ORLANDO AVE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	AS
NAME	THALER, DEBORAH H
STREET ADDRESS	1000 ABERNATHY ROAD BLDG 400, SUITE 1825
CITY-ST-ZIP	ATLANTA GA 30328
TITLE	AS
NAME	JEPSON, JEANNE
STREET ADDRESS	1600 TAMiami TR 4TH FL
CITY-ST-ZIP	MURDOCK FL 33938-0549

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Norman McEae</i>	02/01/01	865-292-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/00)