

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90186 015 ***158.75

DOCUMENT # F98000004708

1. Entity Name
MESSICK HOMECARE, INC.



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

Mailing Address
6501 DEANE HILL DR
KNOXVILLE, TN 37919

90058586

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

62-1384961

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2626**

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW WITH 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BLOM-ANTONIO, LADONNA 1600 TAMiami TR 4TH FL MURDOCK, FL 339380549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVIS, GREGG 6501 DEANE HILL DRIVE KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANIELS, CARRIE 311 WEISGARBER RD SW KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TRIMBLE, T L 111 N ORLANDO AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Alan C. Dahl 6501 Deane Hill Drive Knoxville TN 37919	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY John E. Morris 6501 Deane Hill Drive Knoxville TN 37919	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN J. Stephen Eaton 1200 Abernathy Rd, Suite 1700 Atlanta GA 30328	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Frank Izzo Allied Capital, 1919 Pennsylvania Avenue Washington DC 20006	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Mike Gaffney Allied Capital, 1919 Pennsylvania Avenue Washington DC 20006	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR G. Cabell Williams Allied Capital, 1919 Pennsylvania Avenue Washington, DC 20006	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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* 3/7/03 865-292-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
HOUSECALL.
MEDICAL RESOURCES, INC.

90058586
F98000004708

March 7, 2003

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee FL 32302-1500

Gentlemen:

RE: Messick Homecare, Inc
EIN 62-1384961

The above referenced company has been inactive in the State of Florida for a number of years. We are in the process of reviewing all the Uniform Business Reports that are due according to your online service. Attached is the final report for this entity.

If there are additional forms that need to be completed to accomplish this, please send them to my attention at the address shown below.

Thank you.

Sincerely,



Carrie Daniels
Vice President - Finance