, **FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K47697 **(3)**

1. Corporation Name
HOUSECALL-SIC MANAGEMENT, INC.

Principal Place of Business	Mailing Address
305 N HURSTBOURNE PKWY SUITE 120 LOUISVILLE KY 40222 US	%CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324-4413 US

3. Date Incorporated or Qualified: **11/29/1988**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business	2a. Mailing Address
21 1000 Abernathy Road	26 1000 Abernathy Road
Suite, Apt. #, etc. 22 Bldg. 4, Suite 1825	Suite, Apt. #, etc. 27 Bldg. 4, Suite 1825
City & State 23 Atlanta, Georgia	City & State 28 Atlanta, Georgia
Zip / Country 24 30328 / 25 Fulton	Zip / Country 29 30328 / 30 Fulton

4. FEI Number: **61-1156557** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☒ DELETE	1.1 TITLE	President & Director	☐ Change ☒ Addition
NAME	GORDDON, J. PAUL		1.2 NAME	Daniel C. Kohl	
STREET ADDRESS	305 N HURSTBOURNE PKWY SUITE 120		1.3 STREET ADDRESS	1000 Abernathy Rd, Bldg 4, Suite 1825	
CITY-ST-ZIP	LOUISVILLE KY		1.4 CITY-ST-ZIP	Atlanta, Georgia 30328	
TITLE	P	☒ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	GORDON, BLAIR S		2.2 NAME	Sonya K. Lay	
STREET ADDRESS	305 N HURSTBOURNE PKWY SUITE 120		2.3 STREET ADDRESS	117 Center Park Drive, Suite 201	
CITY-ST-ZIP	LOUISVILLE KY		2.4 CITY-ST-ZIP	Knoxville, TN. 37922	
TITLE	TSD	☒ DELETE	3.1 TITLE	Treasurer & Director	☐ Change ☒ Addition
NAME	BIBB, PETER J		3.2 NAME	Fred C. Follmer	
STREET ADDRESS	100 ABERNATHY ROAD BLGD 400 SUIT 1825		3.3 STREET ADDRESS	1000 Abernathy Road, Bldg 4, Suite 1825	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, Georgia 30328	
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAUNNESSY, GEORGE D		4.2 NAME		
STREET ADDRESS	1000 ABERNATHY ROAD BLDG 400 SUITE 1825		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME	SMALL, HAROLD W		5.2 NAME	Harold W. Small	
STREET ADDRESS	100 ABERNATHY ROAD BLDG 400 SUITE 1825		5.3 STREET ADDRESS	1000 Abernathy Rd Bldg 4 Suite 1825	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	Atlanta, Georgia 30328	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/25/97 423 693 2474