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

FILED
99 MAY -3 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47697

1. Corporation Name

Housecall SIC Management, Inc.

Principal Place of Business
311 Weisgarber Rd., SW
Knoxville, TN 37919

Mailing Address
311 Weisgarber Rd., SW
Knoxville, TN 37919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: **11/29/88**

2. Principal Place of Business
21 **311 Weisgarber Rd., SW**
22 Suite, Apt. #, etc.
23 City & State: **Knoxville, TN**
24 Zip: **37919** 25 Country

2a. Mailing Address
26 **311 Weisgarber Rd., SW**
27 Suite, Apt. #, etc.
28 City & State: **Knoxville, TN**
29 Zip: **37919** 30 Country

4. FEI Number: **61-1156557** ☐ Applied For ☐ Not Applicable

5. Certifcate 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

The Prentice-Hall Corporation System, Inc
1201 Hays Street, Ste. 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 _____
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	D	XX DELETE
NAME	Daniel J. Kohl	
STREET ADDRESS	1000 Abernathy Rd., Bld. 400,Ste1825	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	S	XX DELETE
NAME	Sonya K. Lay	
STREET ADDRESS	117 Center Park, Ste. 201	
CITY-ST-ZIP	Knoxville, TN 37922	
TITLE	T/D	XX DELETE
NAME	Fred Follmer	
STREET ADDRESS	1000 Abernathy Rd., Bld. 400,Ste1825	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	VP/D	XX DELETE
NAME	Harold Small	
STREET ADDRESS	1000 Abernathy Rd., Bld. 400, ste1825	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S	XX Change ☐ Addition
1.2 NAME	LaDonna Blom-Antonio	
1.3 STREET ADDRESS	1600 Tamiami Trl, 4th Floor	
1.4 CITY-ST-ZIP	Murdock, FL 33938-0549	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/VP/T	XX Change ☐ Addition
3.2 NAME	Gregg Davis	
3.3 STREET ADDRESS	1600 Tamiami Trail, 4th Floor	
3.4 CITY-ST-ZIP	Murdock, FL 33938-0549	
4.1 TITLE	D	XX Change ☐ Addition
4.2 NAME	Calvin Wiese	
4.3 STREET ADDRESS	111 North Orlando Avenue	
4.4 CITY-ST-ZIP	Winter Park, FL 32789	
5.1 TITLE	D	☐ Change XX Addition
5.2 NAME	Robert Henderschedt	
5.3 STREET ADDRESS	111 North Orlando Avenue	
5.4 CITY-ST-ZIP	Winter Park, FL 32789	
6.1 TITLE	Asst S	☐ Change XX Addition
6.2 NAME	Deborah Haas Thaler	
6.3 STREET ADDRESS	1000 Abernthy Rd., Bd. 400, Ste. 1825	
6.4 CITY-ST-ZIP	Atlanta, GA 30328	

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 **Deborah Haas Thaler/Asst. Secretary 4/30/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # **(770) 379-9000**

CR2E034 (11/98)

(2)

Housecall SIC Management, Inc.

Additional Information

OFFICERS

NAME	TITLE	ADDRESS
T. L. Trimble	Assistant Secretary	111 North Orlando Avenue Winter Park, FL 32789
Jeanne Jepson	Assistant Secretary	1600 Tamiami Trail, 4th Floor Murdock, FL 33938-0549
Carrie Daniels	Assistant Secretary	311 Weisgarber Rd., SW Knoxville, TN 37919

DIRECTORS

NAME	ADDRESS
Mardian Blair	111 North Orlando Avenue Winter Park, FL 32789

(3)

ACCOUNT NO. : 072100000032

REFERENCE : 225562 126505A

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : May 3, 1999

ORDER TIME : 12:46 PM

ORDER NO. : 225562-005

CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia
Housecall Medical Resources,
Building 400, Suite 1825
1000 Abernathy Road
Atlanta, GA 30328

ANNUAL REPORT FILING

NAME: HOUSECALL SIC MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____