

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 048 ***550.00

DOCUMENT # K47697

1. Entity Name

HOUSECALL-SIC MANAGEMENT, INC.

Principal Place of Business

Mailing Address

311 WEISGARBER RD., S.W.
 KNOXVILLE TN 37919
 US

311 WEISGARBER RD., S.W.
 KNOXVILLE TN 37919
 US

A0078403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6501 Deane Hill Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KNOXVILLE TN

Zip
 37919

Country

USA

Zip

Country

4. FEI Number 61-1156557

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

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

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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 BLOM-ANTONIO, LADONNA
 1600 TAMiami TrL, 4TH FLOOR
 MURDOCK FL 33938-0549 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1600 Tamiami Trail - 4th Floor
 Port Charlotte FL 33948 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VTD
 DAVIS, GREGG
 1600 TAMiami TrL, 4TH FLOOR
 MURDOCK FL 33938-0549 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 6501 Deane Hill Dr
 Knoxville TN 37919 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SHAW, TERRY
 111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HENDERSCHIEDT, ROBERT
 111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 AS
 TRIMBLE, T L
 111 N ORLANDO AVE
 WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WERNER, THOMAS
 111 N ORLANDO AVE
 WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0607979