PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Housecall Supportive Services, Inc.

Principal Place of Business

Mailing Address

FILED 991117-3 111 4:58

		J.			
		DO NOT WRITE IN TH	IS SPACE		
		3. Date Incorporated or Qualifed			
		11/29/88			
2a. Mailing Address		4. FEI Number	Applied For		
26 311 Weisgarber H	≀d.,∶	SW 61-1156559	Not Applicable		
Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 28 Knoxville, TN		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Cou 29 30	intry	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
	81 Na	ame			
The Prentice-Hall Corporation System, Inc. 1201 Hays Street, Ste. 105 Tallahassee, FL 32301		Street Address (P.O. Box Number is Not Acceptable)			
		5.00002860795S			
		ity F	Zip Code		
	26 311 Weisgarber F Suite, Apt. #, etc. 27 City & State 28 Knoxville, TN Zip Cot 29 30 Registered Agent - fon System, Inc.	26 311 Weisgarber Rd., Suite, Apt. #, etc. 27 City & State 28 Knoxville, TN Zip Country 29 30 Registered Agent 61 N 100 System, Inc. 63	2a. Mailing Address 2b. 311 We1sgarber Rd., SW Suite, Apt. #, etc. 27 City & State Knoxville, TN Zip Country 29 30 Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 Litting Address 4. FEI Number 6. Election Campaign Financing Trust Fund Contribution Frust Fund Contribution Country B. This corporation owes the current year in the personal Property Tax. 10. Name and Address of New Registere B1 Street Address (P.O. Box Number is Not Acceptable)		

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 registers 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 Signature, typed or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered agent and the if applicable (NOTE Re OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	S IN 12		
TITLE	D REPORTE	1.1 TITLE		Change	Addition		
NAME	Daniel J. Kohl	1.2 NAME	LaDonna Blom-Antionio	•			
STREET ADDRESS	1000 Abernathy Rd., Bld 400, Stel825	13 STREET ADDRESS	1600 Tamiami Trl, 4th Floor		ŀ		
CITY-ST-ZIP		14 CITY-ST-ZIP	•		_ [
TITLE	Atlanta, GA 30328	21 TITLE	Murdock, Fl. 33938=0549 T/VP/D	Change	[] Addit.or.		
NAME	Fred C. Follmer	22 NAME	-,		· - 🗼		
STREET ADDRESS		23 STREET ADDRESS	Gregg Davis				
ł	1000 Abernathy Rd., Bld 400, Stel825		1600 Tamiami Trl, 4th Floor				
CITY-ST-ZIP TITLE	Atlanta, GA 30328 VP/D KNOELETE	2 4 CITY-ST-ZIP	Murdock, FL _33938=0549	Change	[] Addition		
· · · · · · · · · · · · · · · · · · ·		•		Change	[] Additio		
NAME	Shaun Mahoney	3.2 NAME	Calvin Wiese		, i		
3 "REET ADDRESS	1000 Abernathy Rd., Bld 400, Ste1825	33 STREET ADDRESS	111 North Orlando Avenue				
CITY-SY-ZIP	Atlanta, GA 30328	34 CITY-ST-ZIP	Winter Park, FL 32789				
":TLE	S DELETE	, 4.1 TITLE		Change	XX Addit on		
VAME	Sonya K. Lay	4 2 NAME	Robert Henderschedt				
STREET ADDRESS	123 Center Park Drive	4 3 STREET ADDRESS	111 North Orlando Avenue				
CITY-ST-ZIP	Knoxville, TN 37922	44 CiTY+ST-ZIP	Winter Park, FL 32789				
TITLE	☐ DELETE	5 1 TITLE	Asst. S	Change	XX Addition		
VANE		5 2 NAME	Deborah Haas Thaler				
STREET ADORESS		53 STREET ADDRESS	1000 Abernathy Rd., Bld. 400,	Ste.	1825		
OFT-ST-ZIP		54 CITY-ST-ZIP	Atlanta, GA 30328		1023		
TLE	[] DELETE	61 TITLE	D	Change	XXA3dition		
₩		62 NAME	Mardian Blair		id vd		
STREET ADDRESS		63 STREET ADDRESS	111 North Orlando Avneu	\sim	ひんり		
CDV SY TWO			Winter Park RL 32789		617		

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.

Hear The Deborah Haas Thaler/Asst. Secretary 4/30/99

NTED MAME OF BLONING OFFICER OR DIRECTOR HEAST (770) 379-9000 TO FEOTOR (770)



Housecall Supportive Services, Inc.

Additional Information

OFFICERS

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





ACCOUNT NO. : 072100000032

REFERENCE : 225562 126505A

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 3, 1999

ORDER TIME: 12:49 PM

ORDER NO. : 225562-015

CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia

Housecall Medical Resources,

Building 400, Suite 1825

1000 Abernathy Road Atlanta, GA 30328

ANNUAL REPORT FILING

STATISTICS AND A STATE OF THE S

NAME:

HOUSECALL SUPPORTIVE SERVICES,

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: