

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90024 023 ***150.00

DOCUMENT # K47702

1. Entity Name

HOUSECALL SUPPORTIVE SERVICES, INC.

Principal Place of Business

**6501 DEANE HILL DR.
 KNOXVILLE TN 37919
 US**

Mailing Address

~~311 WEISGARDER RD., S.W.~~
**KNOXVILLE TN
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

6501 Deane Hill Drive

City & State

Zip

Country

City & State

Zip

Country

Knoxville, TN

37919-6006

USA

4. FEI Number

61-1156559

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, 2002 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 **PSD** ☐ Delete
 NAME **BLOM-ANTONIO, LADONNA**
 STREET ADDRESS **1600 TAMiami TrL, 4TH FLOOR**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE **VTD** ☐ Delete
 NAME **DAVIS, GREGG**
 STREET ADDRESS **6501 DEANE HILL DR.**
 CITY-ST-ZIP **KNOXVILLE TN 37919**

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

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

TITLE **AS** ☐ Change ☒ Addition
 NAME **DANIELS, Carrie**
 STREET ADDRESS **6501 Deane Hill Drive**
 CITY-ST-ZIP **Knoxville, TN 37919-6006**

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

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

Carrie Daniels
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carrie Daniels 4/19/02 (865) 292-6543
 Date Daytime Phone #

CR2E034 (9/01)