


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90052 015 ***150.00

DOCUMENT # K47702 1. Entity Name HOUSECALL SUPPORTIVE SERVICES, INC.					
Principal Place of Business 1400 CENTERPOINT BLVD, STE 100 KNOXVILLE TN 37932-1966 US				Mailing Address 1400 Centerpoint Blvd., Ste 100 6501 DEANE HILL DRIVE KNOXVILLE TN 37919-6006 US 37932-1966	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 37932-1966		3. Mailing Address 1400 Centerpoint Blvd., Ste 100 Suite, Apt. #, etc. Suite 100 City & State Knoxville TN Zip 37932-1966			
Country US		Country US		4. FEI Number 61-1156559	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELLER, JOHN F III 6501 DEANE HILL DRIVE KNOXVILLE TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, JOHN E 6501 DEANE HILL DRIVE KNOXVILLE TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EATON, J. STEPHEN 1200 ABERNATHY RD., SUITE 1700 ATLANTA GA 30328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFFNEY, MIKE ALLIED CAPITAL 1919 PENNSYLVANIA AVE. WASHINGTON DC 20006	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Ferris - Allied Capital 1919 Pennsylvania Ave Washington DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHL, ALAN 1200 ABERNATHY ROAD, SUITE 1700 ATLANTA GA 30328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANIELS, CARRIE 6501 DEANE HILL DRIVE KNOXVILLE TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carrie Daniels</i> Asst Secretary 865-292-6000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/8/05 Daytime Phone #					

ATTACHMENT

#K47702

50014286

**OFFICERS AND DIRECTORS OF HOUSECALL SUPPORTIVE
SERVICES, INC.**
AS OF 12/24/04

JOHN HELLER (CHAIR) 1400 Centerpoint Blvd. Knoxville TN 37932-1966.
GEORGE FERRIS ALLIED CAPITAL 1919 Penn. Ave. Washington DC 20006
ALAN DAHL 1200 Abernathy Rd. Ste 1700 Atlanta GA 30328

OFFICERS:

JOHN HELLER – PRES AND CEO 1400 Centerpoint Blvd. Knoxville TN 37932-1966
JOHN MORRIS – SECR'Y AND COO 1400 Centerpoint Blvd. Knoxville TN 37932-1966
CARRIE DANIELS – ASST. SECR'Y 1400 Centerpoint Blvd. Knoxville TN 37932-1966
LINDA MEADOR – ASST. SECR'Y 1400 Centerpoint Blvd. Knoxville TN 37932-1966

(The officers of the corporation are separate from the Board of Directors)
