2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90101 011 ***150.00

DOCUMENT # K47702

1. Entity Name
HOUSECALL SUPPORTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
6501 DEANE HILL DR. KNOXVILLE, TN 37919 US	6501 DEANE HILL DRIVE KNOXVILLE, TN 37919-6006 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	☒ Delete
NAME	BLOM-ANTIONIO, LADONNA	
STREET ADDRESS	1600 TAMIAMI TRL, 4TH FLOOR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	VTD	☒ Delete
NAME	DAVIS, GREGG	
STREET ADDRESS	6501 DEANE HILL DR.	
CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE	AS	☒ Delete
NAME	DANIELS, CARRIE	
STREET ADDRESS	6501 DEANE HILL DRIVE	
CITY-ST-ZIP	KNOXVILLE, TN 379196006	
TITLE	D	☒ Delete
NAME	HENDERSCHEDT, ROBERT	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	AS	☒ Delete
NAME	TRIMBLE, T L	
STREET ADDRESS	111 N ORLANDO AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☒ Delete
NAME	WERNER, THOMAS	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONAL OFFICERS TO BE ADDED OR DIRECTORS IN 11

TITLE	PRESIDENT – P	☒ Change	☒ Addition
NAME	Alan C. Dahl		
STREET ADDR	6501 Deane Hill Drive		
CITY-ST-ZIP	Knoxville TN 37919		
TITLE	SECRETARY – S	☒ Change	☒ Addition
NAME	John E. Morris		
STREET ADDR	6501 Deane Hill Drive		
CITY-ST-ZIP	CHAIRMAN – C		
TITLE	J. Stephen Eaton	☒ Change	☒ Addition
NAME	1200 Abernathy Rd, Suite 1700		
STREET ADDR	Atlanta GA 30328		
CITY-ST-ZIP	DIRECTOR – D		
TITLE	Frank Izzo	☒ Change	☒ Addition
NAME	Allied Capital, 1919 Pennsylvania Avenue		
STREET ADDR	Washington DC 20006		
CITY-ST-ZIP	DIRECTOR – D		
TITLE	Mike Gaffney	☒ Change	☒ Addition
NAME	Allied Capital, 1919 Pennsylvania Avenue		
STREET ADDR	Washington DC 20006		
CITY-ST-ZIP	DIRECTOR – D		
TITLE	G. Cabell Williams	☒ Change	☒ Addition
NAME	Allied Capital, 1919 Pennsylvania Avenue		
STREET ADDR	Washington, DC 20006		
CITY-ST-ZIP			

CR2E034 (10/02)

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: Carrie Daniels Carrie Daniels 3/7/03 865-292-6583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #