

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K47721**

1. Corporation Name

Housecall-SCS Management, Inc.

Principal Place of Business

Mailing Address

FILED

99 MAY -3 PM 5:06

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 311 Weisgarber Rd., SW Suite, Apt. #, etc. 22 City & State 23 Knoxville, TN Zip 24 37919	2a. Mailing Address 26 311 Weisgarber Rd., SW Suite, Apt. #, etc. 27 City & State 28 Knoxville, TN Zip 29 37919	4. FEI Number 61-1156560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Ste. 105
Tallahassee, FL 32301

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. 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 registered 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel J. Kohl 1000 Abernathy Rd., Bld 400, Ste 1825 Atlanta, GA 30328	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	D/P/S LaDonna Blom-Antonio 1600 Tamiami Trl, 4th Floor Murdock, FL 33938-0549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sonya K. Lay 117 Center Park Drive, Ste 201 Knoxville, TN 37922	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100002860791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Fred C. Follmer 1000 Abernathy Rd., Bld 400, Ste 1825 Atlanta, GA 30328	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	T/VP/D Gregg Davis 1600 Tamiami Trl, 4th Floor Murdock, FL 33938-0549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Harold Small 1000 Abernathy Rd., Bld 400, Ste 1825 Atlanta, GA 30328	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	D Calvin Wiese 111 North Orlando Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	D Robert Henderschedt 111 North Orlando Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	Asst. S Deborah Haas Thaler 1000 Abernathy Rd. Bld. 400, Ste. 1825 Atlanta, GA 30328

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

(770) 379-9000

CR2E034 (1/98)

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Housecall SCS Management, Inc.

Additional Information

OFFICERS

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

DIRECTORS

NAME	ADDRESS
Mardian Blair	111 North Orlando Avenue Winter Park, FL 32789

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ACCOUNT NO. : 072100000032

REFERENCE : 225562 126505A

AUTHORIZATION : *Susan Pizzuti*

COST LIMIT : \$ 150.00

ORDER DATE : May 3, 1999

ORDER TIME : 12:47 PM

ORDER NO. : 225562-010

CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia
Housecall Medical Resources,
Building 400, Suite 1825
1000 Abernathy Road
Atlanta, GA 30328

ANNUAL REPORT FILING

NAME: HOUSECALL-SCS MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____