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# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # L33089** **(8)**

1. Corporation Name
**HOUSECALL INFUSION ALTERNATIVES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 305 NORTH HURSTBOURNE PKWY<br>SUITE 120<br>LOUISVILLE KY 40222<br>US | % CT CORPORATION<br>1200 S PINE ISLAND RD<br>PLANTATION FL 33324-4413<br>US |

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 04/05/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1000 Abernathy Road | 26 1000 Abernathy Road |
| Suite, Apt. #, etc.<br>22 Bldg. 4, Suite 1825 | Suite, Apt. #, etc.<br>27 Bldg. 4, Suite 1825 |
| City & State<br>23 Atlanta, Georgia | City & State<br>28 Atlanta, Georgia |
| Zip / Country<br>24 30328 / 25 Fulton | Zip / Country<br>29 30328 / 30 Fulton |

4. FEI Number: 61-1170065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CEO | ☒ DELETE | 1.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | GORDON, J. PAUL | | 1.2 NAME | Daniel C. Kohl | |
| STREET ADDRESS | 305 NORTH HURSTBOURNE PKWY #120 | | 1.3 STREET ADDRESS | 1000 Abernathy Rd Bldg 4, Sutie 1825 | |
| CITY-ST-ZIP | LOUISVILLE KY | | 1.4 CITY-ST-ZIP | Atlanta, Georgia 30328 | |
| TITLE | P | ☒ DELETE | 2.1 TITLE | President | ☐ Change ☒ Addition |
| NAME | GORDON, BLAIR | | 2.2 NAME | Charles N. Hunziker | |
| STREET ADDRESS | 305 NORTH HURSTBOURNE PKWY SUITE 120 | | 2.3 STREET ADDRESS | 1000 Abernathy Rd., Bldg 4, Suite 1825 | |
| CITY-ST-ZIP | LOUISVILLE KY | | 2.4 CITY-ST-ZIP | Atlanta, Georgia | |
| TITLE | TSD | ☒ DELETE | 3.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | BIBB, PETER | | 3.2 NAME | Sonya K. Lay | |
| STREET ADDRESS | 1000 ABERNATHY ROAD BLDG 400 SUITE 1825 | | 3.3 STREET ADDRESS | 117 Center Park Drive, Suite 201 | |
| CITY-ST-ZIP | ATLANTA GA | | 3.4 CITY-ST-ZIP | Knoxville, TN 37922 | |
| TITLE | VP | ☒ DELETE | 4.1 TITLE | Treasurer & Director | ☐ Change ☒ Addition |
| NAME | SHAUNNESSY, GEORGE D. | | 4.2 NAME | Fred C. Follmer | |
| STREET ADDRESS | 1000 ABERNATHY ROAD BLDG 400 SUITE 1825 | | 4.3 STREET ADDRESS | 1000 Abernathy Rd, Bldg 4, Suite 1825 | |
| CITY-ST-ZIP | ATLANTA GA | | 4.4 CITY-ST-ZIP | Atlanta, Georgia 30328 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | Vice President & Director | ☒ Change ☐ Addition |
| NAME | SMALL, HAROLD W. | | 5.2 NAME | Harold W. Small | |
| STREET ADDRESS | 1000 ABERNATHY ROAD BLDG 400 SUITE 1825 | | 5.3 STREET ADDRESS | 1000 Abernathy Rd, Bldg 4, Suite 1825 | |
| CITY-ST-ZIP | ATLANTA GA | | 5.4 CITY-ST-ZIP | Atlanta, Georgia 30328 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/25/97 404-688-2471