

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33089

1. Entity Name

HOUSECALL INFUSION ALTERNATIVES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90121 025 \*\*\*150.00

Principal Place of Business

Mailing Address

311 WEISGARBER ROAD. SW  
KNOXVILLE TN 37919  
US

311 WEISGARBER ROAD. SW  
KNOXVILLE TN 37919  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1170065

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
BLOM-ANTONIO, LADONNA  
1600 TAMiami TRAIL, 4TH FLOOR  
MURDOCK FL 33938-0549 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
DAVIS, GREGG  
1600 TAMiami TRAIL, 4TH FLOOR  
MURDOCK FL 33938-0549 ☐ Delete

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
HAAS THALER, DEBORAH  
1000 ABERNATHY RD. BLD 400, STE 1825  
ATLANTA GA 30328 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
TRIMBLE, T.L.  
111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

*T.L. Trimble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

(407) 975-1413