

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90011 001 \*1,100.00

0607963

**DOCUMENT # L33089**  
**1. Entity Name**  
**HOUSECALL INFUSION ALTERNATIVES, INC.**

**Principal Place of Business**      **Mailing Address**  
**311 WEISGARBER ROAD. SW**      **311 WEISGARBER ROAD. SW**  
**KNOXVILLE TN 37919**      **KNOXVILLE TN 37919**  
**US**      **US**

76601



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**6501 Deane Hill**  
**Suite, Apt. #, etc.** **Dr**  
**City & State** **Knoxville TN**  
**Zip** **37919** **Country** **US**

**3. Mailing Address**  
**Suite, Apt. #, etc.**  
**City & State**  
**Zip** **Country**

**4. FEI Number** **61-1170065**      **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.**

**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, 2001 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSD</b> <b>BLOM-ANTONIO, LADONNA</b> <b>1600 TAMiami TRAIL, 4TH FLOOR</b> <b>MURDOCK FL 33938-0549</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VTD</b> <b>DAVIS, GREGG</b> <b>1600 TAMiami TRAIL, 4TH FLOOR</b> <b>MURDOCK FL 33938-0549</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BLAIR, MARDIAN</b> <b>111 NORTH ORLANDO AVENUE</b> <b>WINTER PARK FL 32789</b> <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>WIESE, CALVIN</b> <b>111 NORTH ORLANDO AVENUE</b> <b>WINTER PARK FL 32789</b> <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HENDERSCHIEDT, ROBERT</b> <b>111 NORTH ORLANDO AVENUE</b> <b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>HAAS THALER, DEBORAH</b> <b>1000 ABERNATHY RD. BLD 400, STE 1825</b> <b>ATLANTA GA 30328</b> <input checked="" type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>1600 Tamiami Trail, 4th Floor</b> <b>Port Charlotte FL 33948</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>6501 Deane Hill Dr</b> <b>KNOXville TN 37919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Terry Shaw</b> <b>111 N. Orlando Ave.</b> <b>Winter Park FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Tom Werner</b> <b>111 N. Orlando Ave</b> <b>Winter Park FL 32789</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Carrie Daniels* **Carrie DANIELS** **7/9/01** **865-292-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)