

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90817 001 ***300.00

DOCUMENT # L33089

1. Entity Name
HOUSECALL INFUSION ALTERNATIVES, INC.

Principal Place of Business

311 WEISSARDER ROAD, SW
KNOXVILLE TN 37919
US

Mailing Address

311 WEISSARDER ROAD, SW
KNOXVILLE TN 37919
US

2. Principal Place of Business

6501 Deane Hill Dr.

Appt. #, etc.

City & State

KNOXV. TN

Zip Country

37919-6006

3. Mailing Address

6501 Deane Hill Drive

Suite, Apt. #, etc.

City & State

KNOXVILLE, TN

Zip Country

37919-6006



DO NOT WRITE IN THIS SPACE

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, 2002 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

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

TITLE **VTD** ☐ Delete
NAME **DAVIS, GREGG**
STREET ADDRESS **6501 DEANE HILL DR**
CITY-ST-ZIP **KNOXVILLE TN 37919**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **AS** ☐ Change ☒ Addition
NAME **Trimble, T.L.**
STREET ADDRESS **111 North Orlando Avenue**
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

TITLE **AS** ☐ Change ☒ Addition
NAME **Daniels, Carrie**
STREET ADDRESS **6501 Deane Hill Drive**
CITY-ST-ZIP **KNOXVILLE, TN 37919-6006**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARRIE DANIELS 4/19/02 (865) 292-4543

Date

Daytime Phone #

CR2E034 (9/01)