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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL -5 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 33089

1. Corporation Name

Housecall Infusion Alternatives, Inc.

2. Principal Office Address	3. Mailing Office Address
1400 Centerpoint Blvd	Same
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.:
City & State: Knoxville, Tennessee	City & State:
Zip: 37932-1979 Country: US	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: December 1, 1989

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

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: Suite 105

City: Tallahassee State: FL Zip Code: 32301

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Cynthia M Straub Date: 7-5-05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John F. Heller (Pres & Dir)	1400 Centerpoint Blvd,	Knoxville TN 37932
Sec	John E Morris	1400 Centerpoint Blvd.	Knoxville TN 37932
Asst	Carrie Daniels (Asst Secretary	1400 Centerpoint Blvd	Knoxville TN 37932
Dir	George Ferris	Allied Capital, 1919 PA Ave	Washington DC 20006
Dir	Alan Dahl,	5445 Triangle Pkwy, Ste 260	Norcross Ga 30092

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Carrie Daniels Carrie DANiels 6/30/05 865-292-6047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Asst Secretary — Date — Daytime Phone #

CR2E031 (01/04)

H05000162955 3

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

HOUSECALL INFUSION ALTERNATIVES, INC.

Certificate of Status	0
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Page Count	02
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