

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90009 027 ***150.00

DOCUMENT # P02000122724				
1. Entity Name ADVENTA HOSPICE, INC.				
Principal Place of Business 1400 CENTERPOINT BLVD, STE 100 KNOXVILLE TN 37932-1979		Mailing Address 1400 CENTERPOINT BLVD, STE 100 KNOXVILLE TN 37932-1979		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

4. FEI Number 02-0674282		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CSC 1201 HAYESTREET STE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	
After May 1, 2005 Fee Will Be \$550.00				Trust Fund Contribution. <input type="checkbox"/>	
Make Check Payable to Florida Department of State				\$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLER, JOHN F III			NAME			
STREET ADDRESS	6601 DEANE HILL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, JOHN E			NAME			
STREET ADDRESS	6601 DEANE HILL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EATON, J. STEPHEN			NAME			
STREET ADDRESS	1200 ABERNATHY RD STE 1700			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAFFNEY, MIKE			NAME			
STREET ADDRESS	ALLIED CAPITAL, 1919 PENNSYLVANIA AVE			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DC 20006			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAHL, ALAN			NAME			
STREET ADDRESS	1200 ABERNATHY ROAD SUITE 1700			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRIE, DANIELS			NAME			
STREET ADDRESS	6601 DEANE HILL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			

12. 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carrie Daniels* **CARRIE DANIELS** 3/15/05 (865) 292-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40036024

OFFICERS AND BOARD OF DIRECTORS FOR # P02000122724

ADVENTA HOSPICE, INC.

AS OF 12/24/04

BOARD OF DIRECTORS:

Alan Dahl – Director
HMR Acquisition, Inc.
5445 Triangle Parkway
Suite 260
Norcross GA 30092

George Ferris – Director
Allied Capital
1919 Pennsylvania Avenue
Washington DC 20006

John Heller – President and CEO (Chair)
Housecall Medical Resources, Inc.
1400 Centerpoint Blvd
Suite 100
Knoxville TN 37932-1979

OFFICERS

JOHN HELLER – PRESIDENT AND CEO*
JOHN MORRIS – SECRETARY AND COO*
CARRIE DANIELS – ASSISTANT SECRETARY*
LINDA MEADOR – ASSISTANT SECRETARY*

***ADDRESS – 1400 Centerpoint Blvd, Suite 100, KNOXVILLE TN 37919**