


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90141 012 ***158.75

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DOCUMENT # P03000038039	
1. Entity Name HOUSECALL DOCTORS, INC.	

Principal Place of Business 100-B WHARFSIDE WAY JACKSONVILLE, FL 32207	Mailing Address 100-B WHARFSIDE WAY JACKSONVILLE, FL 32207
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2. Principal Place of Business 6817-Southpoint Parkway Suite 2304 Jacksonville FL 32216 USA	3. Mailing Address 6817 Southpoint Parkway Suite 2304 Jacksonville Fla 32216 USA
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04282005 Chg-P CR2E034 (10/03)

4. FEI Number 76-0736491	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUSEMAN, WILLIAM R ESQ. 6320 ST. AUGUSTINE ROAD BUILDING 12 JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEEB, BARRY 400-B WHARFSIDE WAY 6817 Southpoint Parkway Suite 2304 JACKSONVILLE, FL 32207 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASRULLAH GHAFOR 6817 Southpoint Parkway Suite 2304 JACKSONVILLE Fla. 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOVLIN, THOMAS 100-B WHARFSIDE WAY 6817 Southpoint Parkway Suite 2304 JACKSONVILLE, FL 32207 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, CHARLES F 100-B WHARFSIDE WAY JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, FRANZ C III 100-B WHARFSIDE WAY JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS P. SHOVLIN
4/29/05

904 296-1874

Daytime Phone #