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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22541

1. Corporation Name
HOUSECALL HOME HEALTH, INC.

Principal Place of Business	Mailing Address
1000 Abernathy Road Bldg. 4; Ste. 1825 tlanta, Georgia 30328	1000 Abernathy Road Bldg. 4; Ste. 1825 Atlanta, Georgia 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/12/89

Principal Place of Business	2a. Mailing Address
1000 Abernathy Road	26 1000 Abernathy Road
Suite, Apt. #, etc.: Bldg. 400 ; Ste. 1825	Suite, Apt. #, etc.: 27 Bldg. 400 ; Ste. 1825
City & State: Atlanta, Georgia 30328	City & State: 28 Atlanta, Georgia 30328
Zip / Country: 25	Zip / Country: 29 30

4. FEI Number: 62-1179055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

The Prentise Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kohl, Daniel C. 1000 Abernathy RD, Bldg 400 Ste 1825 Atlanta, Georgia 30328 XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Kohl, Daniel J. 1000 Abernathy RD Bldg 400 Ste 1825 Atlanta, Georgia 30328 XXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lay, Sonya K. 123 Center Park DR Knoxville, TN 37922 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Follmer, Fred C. 1000 Abernathy RD Bldg 400 Ste 1825 Atlanta, Georgia 30328 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Small, Harold W. 1000 Abernathy RD Bldg 400 Ste 1825 Atlanta, Georgia 30328 XXX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP/D Mahoney, Shaun P. 1000 Abernathy RD Bldg 400 Ste 1825 Atlanta, Georgia 30328 ☐ Change XXX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/05/11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002510015 -05/04/98--01106--003 ***150.00

CR2E034 (10/97)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred C Follmer VP Fred C. Follmer 4/27/98 (770) 379-9000