


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1

*PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P22541</i>					
1. Corporation Name Housecall Home Health, Inc.					

FILED
99 MAY -3 PM 3:25
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
1/12/89

2. Principal Place of Business		2a. Mailing Address	
21 311 Weisgarber Rd, SW	26 311 Weisgarber Rd., SW		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Knoxville, TN		28 Knoxville, TN	
Zip Country		Zip Country	
24 37919 25		29 37919 30	

4. FEI Number 62-1179055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ThePrentice-Hall Corporation System, Inc. 1201 Hays Street, Ste. 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	500002860785
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 _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Daniel J. Kohl
STREET ADDRESS	1000 Abernathy Rd., Bld. 400, Ste 1825
CITY-STATE-ZIP	Atlanta, GA 30328
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	Sonya K. Lay
STREET ADDRESS	123 Center Park Drive
CITY-STATE-ZIP	Knoxville, TN 37922
TITLE	T/D <input checked="" type="checkbox"/> DELETE
NAME	Fred C. Follmer
STREET ADDRESS	1000 Abernathy Rd., Bld 400, Ste 1825
CITY-STATE-ZIP	Atlanta, GA 30328
TITLE	VP/D <input checked="" type="checkbox"/> DELETE
NAME	Harold W. Small
STREET ADDRESS	1000 Abernathy Rd., Bld 400, Ste 1825
CITY-STATE-ZIP	Atlanta, GA 30328
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LaDonna Blom-Antonio
1.3 STREET ADDRESS	1600 Tamiami Trl., 4th Floor
1.4 CITY-STATE-ZIP	Murdoch, FL 33938-0549
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mardian Blair
2.3 STREET ADDRESS	111 North Orlando Avenue
2.4 CITY-STATE-ZIP	Winter Park, FL 32789
3.1 TITLE	T/VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gregg Davis
3.3 STREET ADDRESS	1600 Tamiami Trl., 4th Floor
3.4 CITY-STATE-ZIP	Murdoch, FL 33938-0549
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Calvin Wiese
4.3 STREET ADDRESS	111 North Orlando Avenue
4.4 CITY-STATE-ZIP	Winter Park, FL 32789
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Henderschedt
5.3 STREET ADDRESS	111 North Orlando Avenue
5.4 CITY-STATE-ZIP	Winter Park, FL 32789
6.1 TITLE	Asst S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Deborah Haas Thaler
6.3 STREET ADDRESS	1000 Abernathy Rd., Bld. 400, Ste. 1825
6.4 CITY-STATE-ZIP	Atlanta, GA 30328

14. 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, with all other like empowered.

SIGNATURE: *Deborah Haas Thaler* **Deborah Haas Thaler/Asst. Secretary 4/30/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

(2)

Housecall Home Health, Inc.

Additional Information

OFFICERS

NAME	TITLE	ADDRESS
T. L. Trimble	Assistant Secretary	111 North Orlando Avenue Winter Park, FL 32789
Jeanne Jepson	Assistant Secretary	1600 Tamiami Trail, 4 th Floor Murdoch, FL 33938-0549
Carrie Daniels	Assistant Secretary	311 Weisgarber Rd., SW Knoxville, TN 37919

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ACCOUNT NO. : 072100000032

REFERENCE : 225562 126505A

AUTHORIZATION :

COST LIMIT : \$ 150.00 *via King*

ORDER DATE : May 3, 1999

ORDER TIME : 12:50 PM

ORDER NO. : 225562-020

CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia
Housecall Medical Resources,
Building 400, Suite 1825
1000 Abernathy Road
Atlanta, GA 30328

ANNUAL REPORT FILING

~~5000266123-1~~

NAME: HOUSECALL HOME HEALTH, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____