

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 046 ***550.00

DOCUMENT # P22541

1. Entity Name

HOUSECALL HOME HEALTH, INC.

Principal Place of Business

Mailing Address

311 WEISGARBER RD. S.W.
 KNOXVILLE TN 37919
 US

311 WEISGARBER RD. S.W.
 KNOXVILLE TN 37919
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1179055

Applied For

Not Applicable

Zip 37919

Country USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
 NAME BLOM-ANTONIO, LADONNA
 STREET ADDRESS 1600 TAMiami TRAIL, 4TH FLOOR
 CITY-ST-ZIP MURDOCK FL 33938-0549 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1600 Tamiami Trail, 4th Floor
 CITY-ST-ZIP Port Charlotte FL 33948

TITLE D
 NAME WERNER, THOMAS
 STREET ADDRESS 111 NORTH ORLANDO AVENUE
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VTD
 NAME DAVIS, GREGG
 STREET ADDRESS 1600 TAMiami TRAIL, 4TH FLOOR
 CITY-ST-ZIP MURDOCK FL 33938-0549 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6501 Deane Hill Dr
 CITY-ST-ZIP KNOXVILLE TN 37919

TITLE D
 NAME SHAW, TERRY
 STREET ADDRESS 111 NORTH ORLANDO AVENUE
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME HENDERSCHIEDT, ROBERT
 STREET ADDRESS 111 NORTH ORLANDO AVENUE
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AS
 NAME TRIMBLE, T.L.
 STREET ADDRESS 111 N. ORLANDO AVE
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2004 10/00