

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90024 024 ***150.00

DOCUMENT # P22541

1. Entity Name

HOUSECALL HOME HEALTH, INC.

Principal Place of Business

6501 DEANA HILL DRIVE
 KNOXVILLE TN 37919
 US

Mailing Address

~~LIVE OAK OFFICE CENTER~~
~~2201 CANTIL CT. SUITE 205~~
~~SARASOTA FL 34232~~
 US

2. Principal Place of Business

3. Mailing Address

6501 DEANE HILL DRIVE

Suite, Apt. #, etc.

City & State

KNOXVILLE, TN

Zip

37919-6006

Country

USA

4. FEI Number

62-1179055

Applied For

Not Applicable

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 BLOM-ANTONIO, LADONNA
 1600 TAMiami TRAIL, 4TH FLOOR
 PORT CHARLOTTE FL 33948 ☐ Delete

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VTD
 DAVIS, GREGG
 6501 DEANA HILL DRIVE
 KNOXVILLE TN 37919 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 6501 DEANE HILL DRIVE ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 AS
 Daniels, Carrie
 6501 DEANE HILL DR.
 Knoxville, TN 37919-6006 ☐ Change ☒ Addition

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

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

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

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

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

Carrie Daniels 4/19/2002 (845) 292-6593

Date

Daytime Phone #

CR2E034 (9/01)