2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22541

Entity Name: HOUSECALL HOME HEALTH, INC.

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ISYS .D RD. #300 DUGE, LA 70816	US		
Current Mailing Address: Ne				ng Address:
	ISYS .D RD. #300 DUGE, LA 70816	US		
FEI Number:	62-1179055 FE	El Number Applied For() FEI Nu	mber Not Appl	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US				
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:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PCEO () Dele HELLER, JOHN F III 6501 DEANE HILL D KNOXVILLE, TN 379	R	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition GRAHAM, LARRY 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816
Title: Name: Address: City-St-Zip:	S () Dele MORRIS, JOHN E 6501 DEANE HILL D KNOXVILLE, TN 379	R	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition BORNE, WILLIAM 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816
Title: Name: Address: City-St-Zip:	D () Dele DAHL, ALAN 5445 TRIANGLE PKV NORCROSS, GA 30	WY	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition BROWNE, GREGORY 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816
Title: Name: Address: City-St-Zip:	D () Dele FERRIS, GEORGE 1919 PENNSYLVANI WASHINGTON, DC	A AVE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition RASMUSSEN, CELESTE 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816
Title: Name: Address: City-St-Zip:	D (X) Dele DAHL, ALAN 1200 ABERNATHY R ATLANTA, GA 30328	OAD SUITE 1700	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS (X) Dele DANIELS, CARRIE 6501 DEANE HILL D KNOXVILLE, TN 378	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE RASMUSSEN S 03/20/2006