

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90185 014 ***150.00

DOCUMENT # P22541

1. Entity Name
HOUSECALL HOME HEALTH, INC.



Principal Place of Business

6501 DEANE HILL DRIVE
KNOXVILLE, TN 37919-6006 US

Mailing Address

6501 DEANE HILL DRIVE
KNOXVILLE, TN 37919-6006 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 106
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW WITH FEE IS \$160.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PSO BLOM-ANTONIO, LADONNA	☒ Delete
STREET ADDRESS	1600 TAMiami TRAIL, 4TH FLOOR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE NAME	D WERNER, THOMAS	☒ Delete
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE NAME	VTD DAVIS, GREGG	☒ Delete
STREET ADDRESS	6501 DEANE HILL DR.	
CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE NAME	AS DANIELS, CARRIE	☒ Delete
STREET ADDRESS	6501 DEANE HILL DR	
CITY-ST-ZIP	KNOXVILLE, TN 379196006	
TITLE NAME	D HENDERSCHIEDT, ROBERT	☒ Delete
STREET ADDRESS	111 NORTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE NAME	AS TRIMBLE, T.L.	☒ Delete
STREET ADDRESS	111 N. ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PRESIDENT - P Alan C. Dahl	☒ Delete ☒ Addition
STREET ADDRESS	6501 Deane Hill Drive	
CITY-ST-ZIP	Knoxville TN 37919	
TITLE NAME	SECRETARY - S John E. Morris	☒ Delete ☒ Addition
STREET ADDRESS	6501 Deane Hill Drive	
CITY-ST-ZIP		
TITLE NAME	CHAIRMAN - C J. Stephen Eaton	☒ Delete ☒ Addition
STREET ADDRESS	1200 Abernathy Rd, Suite 1700	
CITY-ST-ZIP	Atlanta GA 30328	
TITLE NAME	DIRECTOR - D Frank Izzo	☒ Delete ☒ Addition
STREET ADDRESS	Allied Capital, 1919 Pennsylvania Avenue	
CITY-ST-ZIP	Washington DC 20006	
TITLE NAME	DIRECTOR - D Mike Gaffney	☒ Delete ☒ Addition
STREET ADDRESS	Allied Capital, 1919 Pennsylvania Avenue	
CITY-ST-ZIP	Washington DC 20006	
TITLE NAME	DIRECTOR - D G. Cabell Williams	☒ Delete ☒ Addition
STREET ADDRESS	Allied Capital, 1919 Pennsylvania Avenue	
CITY-ST-ZIP	Washington, DC 20006	

CR2E034 (10/02)

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 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 10 or Block 11 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 #

Carrie Daniels 3/17/03 865-292-6543