

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P27867 (1)

1. Corporation Name
HOUSECALL MEDICAL SERVICES, INC.



Principal Place of Business

305 N HURSTBOURNE PKWY
SUITE 120
LOUISVILLE KY 40222
US

Mailing Address

305 N HURSTBOURNE PKWY
SUITE 120
LOUISVILLE KY 40222-5146
US

2. Principal Place of Business

21 1000 Abernathy Road
Suite, Apt. #, etc.
22 Bldg. 4, Suite 1825

City & State
23 Atlanta, Georgia

Zip Country
24 30328 25 Fulton

2a. Mailing Address

26 1000 Abernathy Road
Suite, Apt. #, etc.
27 Bldg. 4, Suite 1825

City & State
28 Atlanta, Georgia

Zip Country
29 30328 30 Fulton

3. Date Incorporated or Qualified

01/26/1990

3a. Date of Last Report

04/10/1996

4. FEI Number

61-1102449

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME GORDON, J. PAUL
STREET ADDRESS 305 N HURSTBOURNE PKWY SUITE 120
CITY-ST-ZIP LOUISVILLE KY 40222

TITLE P
NAME GORDON, BLAIR S.
STREET ADDRESS 305 N HURSTBOURNE PKWY SUITE 120
CITY-ST-ZIP LOUISVILLE KY 40222

TITLE TSO
NAME BIBB, PETER J
STREET ADDRESS 1000 ABERNATHY RD BLDG 400 SUITE 1825
CITY-ST-ZIP ATLANTA GA 30328

TITLE VP
NAME SHAUNNESSY, GEORGE D
STREET ADDRESS 1000 ABERNATHY RD BLDG 400 SUITE 1825
CITY-ST-ZIP ATLANTA GA 30328

TITLE D
NAME SMALL, HAROLD W
STREET ADDRESS 1000 ABERNATHY RD-BLDG 400-SUITE 1825
CITY-ST-ZIP ATLANTA GA 30328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director
12 NAME Daniel C. Kohl
13 STREET ADDRESS 1000 Abernathy Rd Bldg 4, Suite 1825
14 CITY-ST-ZIP Atlanta, Georgia 30328

21 TITLE Secretary
22 NAME Sonya K. Lay
23 STREET ADDRESS 117 Center Park Drive, Suite 201
24 CITY-ST-ZIP Knoxville, TN, 37922

31 TITLE Treasurer & Director
32 NAME Fred C. Follmer
33 STREET ADDRESS 1000 Abernathy Rd, Bldg 4, Suite 1825
34 CITY-ST-ZIP Atlanta, Georgia 30328

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Vice President & Director
52 NAME Harold W. Small
53 STREET ADDRESS 1000 Abernathy Rd Bldg 4 Suite 1825
54 CITY-ST-ZIP Atlanta, Georgia 30328

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE

[Signature]

4/6/97

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