

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27867

1. Corporation Name

Housecall Medical Services, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/26/90

2. Principal Place of Business

21 311 Weisgarber Rd., SW

Suite, Apt. #, etc.

2a. Mailing Address

26 311 Weisgarber Rd., SW

Suite, Apt. #, etc.

22 City & State

23 Knoxville, TN

24 37919

Country

27 City & State

28 Knoxville, TN

29 37919

Country

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 owes the current year Intangible

Personal Property Tax

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 100002860794

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	XX DELETE
NAME	Daniel J. Kohl	
STREET ADDRESS	1000 Abernathy Rd., Bld. 400, Ste. 1825	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	S	XX DELETE
NAME	Sonya K. Lay	
STREET ADDRESS	123 Center Park Drive	
CITY-ST-ZIP	Knoxville, TN 37922	
TITLE	T/D	XX DELETE
NAME	Fred C. Follmer	
STREET ADDRESS	1000 Abernathy Rd., Bld 400, Ste. 1825	
CITY-ST-ZIP	Atlanta, Ga 30328	
TITLE	VP/D	XX DELETE
NAME	Harold W. Small	
STREET ADDRESS	1000 Abernathy Rd., Ste. 1825	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D/P/S	XX Change	<input type="checkbox"/> Addition
12 NAME	LaDonna Blom-Antonio		
13 STREET ADDRESS	1600 Tamiami Trl., 4th Floor		
14 CITY-ST-ZIP	Murdock, FL 33938-0549		
21 TITLE	D	XX Change	<input type="checkbox"/> Addition
22 NAME	Mardian Blair		
23 STREET ADDRESS	111 North Orlando Avenue		
24 CITY-ST-ZIP	Winter Park, FL 32789		
31 TITLE	T/VP/D	XX Change	<input type="checkbox"/> Addition
32 NAME	Gregg Davis		
33 STREET ADDRESS	1600 Tamiami Trl., 4th Floor		
34 CITY-ST-ZIP	Murdock, FL 33938-0549		
41 TITLE	D	XX Change	<input type="checkbox"/> Addition
42 NAME	Calvin Wiese		
43 STREET ADDRESS	111 North Orlando Avenue		
44 CITY-ST-ZIP	Winter Park, FL 32789		
51 TITLE	D	<input type="checkbox"/> Change	XX Addition
52 NAME	Robert Henderschedt		
53 STREET ADDRESS	111 North Orlando Avenue		
54 CITY-ST-ZIP	Winter Park, FL 32789		
61 TITLE	Asst. S	<input type="checkbox"/> Change	XX Addition
62 NAME	Deborah Haas Thaler		
63 STREET ADDRESS	1000 Abernathy Rd., Bld. 400, Ste. 1825		
64 CITY-ST-ZIP	Atlanta, GA 30328		

14. 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 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, with all other like empowered.

SIGNATURE: Deborah Haas Thaler Deborah Haas Thaler/Asst. Secretary 4/30/99 (770) 379-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry Period

CR2E034 (11/98)

2

Housecall Medical Services, Inc.

Additional Information

OFFICERS

NAME	TITLE	ADDRESS
T. L. Trimble	Assistant Secretary	111 North Orlando Avenue Winter Park, FL 32789
Jeanne Jepson	Assistant Secretary	1600 Tamiami Trail, 4 th Floor Murdock, FL 33938-0549
Carrie Daniels	Assistant Secretary	311 Weisgarber Rd., SW Knoxville, TN 37919



ACCOUNT NO. : 072100000032

REFERENCE : 225562 126505A

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : May 3, 1999

ORDER TIME : 1:05 PM

ORDER NO. : 225562-030

CUSTOMER NO: 126505A

CUSTOMER: Ms. Susan Groccia
Housecall Medical Resources,
Building 400, Suite 1825
1000 Abernathy Road
Atlanta, GA 30328

ANNUAL REPORT FILING

NAME: HOUSECALL MEDICAL SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____