## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P27867

FILED Feb 09, 2004 Secretary of State

Entity Name: HOUSECALL MEDICAL SERVICES INC

Current P	rincipal Place	of Business:	New Prince	ipal Place of	Business:
	NE HILL DR .E, TN 37919	US			
Current M	lailing Address	s:	New Maili	ng Address:	
	NE HILL DR .E, TN 37919	US			
FEI Number:	: 61-1102449	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:
1201 HAYS SUITE 105 TALLAHAS	S STREET SSEE, FL 3230				
The above in the State	named entity s e of Florida.	ubmits this statement for the pu	urpose of changing i	ts registered of	office or registered agent, or bot
SIGNATUF					
		ic Signature of Registered Ager	nt		Date
Election Car	npaign Financing	Trust Fund Contribution ( ).			
	npaign Financing S AND DIRECT	,	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECT
	S AND DIRECT	TORS: Delete LL DRIVE	ADDITION Title: Name: Address: City-St-Zip:		() Change ()Addition N F III HILL DRIVE
DFFICERS  itle: lame: lddress: Dity-St-Zip: itle: lame: lddress:	S AND DIRECT P () DAHL, ALAN C 6501 DEANE HII KNOXVILLE, TN	TORS: Delete  LL DRIVE 37919  Delete E LL DRIVE	Title: Name: Address:	P (X HELLER, JOHI 6501 DEANE H KNOXVILLE, T	() Change ()Addition N F III HILL DRIVE
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I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARRIE DANIELS AS 02/09/2004