


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90009 024 ***150.00

DOCUMENT # P27867	
1. Entity Name HOUSECALL MEDICAL SERVICES, INC.	

Principal Place of Business 1400 CENTERPOINT BLVD, STE 100 KNOXVILLE TN 37932-1979 US	Mailing Address 1400 CENTERPOINT BLVD, STE 100 KNOXVILLE TN 37932-1979 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 61-1102449		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELLER, JOHN F III 6501-DEANE-HILL-DRIVE KNOXVILLE TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, JOHN E 8501-DEANE-HILL-DRIVE KNOXVILLE TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EATON, J. STEPHEN 1200-ABERNATHY RD, STE 1700 ATLANTA GA 30328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFFNEY, MIKE ALLIED CAPITAL, 1919 PENNSYLVANIA AVENUE WASHINGTON DC 20006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHL, ALAN 1200-ABERNATHY ROAD, SUITE 1700 ATLANTA GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANIELS, CARRIE 6501-DEANE-HILL-DRIVE KNOXVILLE TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carrrie Daniels **CARRIE DANIELS** 3/15/05 (865) 292-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40036027
P27367

OFFICERS AND BOARD OF DIRECTORS FOR

HOUSECALL MEDICAL SERVICES, INC.

AS OF 12/24/04

BOARD OF DIRECTORS:

Alan Dahl – Director
HMR Acquisition, Inc.
5445 Triangle Parkway
Suite 260
Norcross GA 30092

George Ferris – Director
Allied Capital
1919 Pennsylvania Avenue
Washington DC 20006

John Heller – President and CEO (Chair)
Housecall Medical Resources, Inc.
1400 Centerpoint Blvd
Suite 100
Knoxville TN 37932-1979

OFFICERS

JOHN HELLER – PRESIDENT AND CEO*
JOHN MORRIS – SECRETARY AND COO*
CARRIE DANIELS – ASSISTANT SECRETARY*
LINDA MEADOR – ASSISTANT SECRETARY*

*ADDRESS – 1400 Centerpoint Blvd, Suite 100, KNOXVILLE TN 37919