

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07000001371

FILED
Aug 08, 2011
Secretary of State

Entity Name: SOUTHERN HOME CARE SERVICES, INC.

Current Principal Place of Business:

9901 LINN STATION RD
LOUISVILLE, KY 40223 US

New Principal Place of Business:

Current Mailing Address:

9901 LINN STATION RD
LOUISVILLE, KY 40223 US

New Mailing Address:

FEI Number: 58-1408815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KELLEY, PATRICK
Address: 9901 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: V
Name: TINSLEY, RICHARD L
Address: 9901 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: S
Name: WASKEY, DAVID
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KS 40223

Title: V
Name: RHODES, DAVID
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: T
Name: MILES, DAVID
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: D
Name: CORNELISON, RON
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

I hereby 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 all other like empowered.

SIGNATURE: DAVID S. WASKEY

S

08/08/2011

Electronic Signature of Signing Officer or Director

Date