

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20286

FILED
Apr 26, 2007
Secretary of State

Entity Name: SOUTHERN HOME HEALTH CARE, INC.

Current Principal Place of Business:

340 49TH STREET SOUTH
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

340 49TH STREET SOUTH
ST. PETERSBURG, FL 33707 US

New Mailing Address:

FEI Number: 59-2445019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, MARGARET
340 49TH STREET SOUTH
SAINT PETERSBURG, FL 33707 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: OLSEN, JACK B.,
Address: 340 49TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP () Delete
Name: OLSEN, JACK B.,
Address: 340 49TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T () Delete
Name: BARR, MARGARET
Address: 340 49TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BARR, MARGARET E
Address: 340 49TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SEC (X) Change () Addition
Name: BARR, MARGARET E
Address: 340 49TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARGARET E BARR

PST

04/26/2007

Electronic Signature of Signing Officer or Director

Date