

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33630

FILED
Mar 07, 2006
Secretary of State

Entity Name: SOUTHERN OAKS HEALTH CARE, INC.

Current Principal Place of Business:

605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2542955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM & E SERVICES LLC
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: VPD () Delete
Name: SIEMER, DARRYL
Address: 17401 SE COUNTY HWY 475
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD () Delete
Name: SIEMER, MICHAEL
Address: 17401 SE COUNTY HWY 475
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL SIEMER

P

03/07/2006

Electronic Signature of Signing Officer or Director

Date