

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33630

FILED  
Apr 28, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SIEMER, DARRYL  
Address: 17401 SE COUNTY HWY 475  
City-St-Zip: SUMMERFIELD, FL 34491

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

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: MICHAEL A.C. SIEMER

PD

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date