

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007225

FILED
Feb 27, 2007
Secretary of State

Entity Name: SOUTHERN HEALTH CARE CORP.

Current Principal Place of Business:

2030 NW 119 STREET
#1203
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

2030 NW 119 STREET
#1203
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0982874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
STE. 220
MIAMI, FL 33169 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: PSD () Delete
Name: AJAYI, JOSHUA S
Address: 2030 NW 119 ST #1203
City-St-Zip: MIAMI, FL 33167

Title: PSD () Delete
Name: AJAYI, JOSHUA S
Address: 2030 N.W 119 STREET#1203
City-St-Zip: MIAMI, FL 33167

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: JOSHUA S. AJAYI

PSD

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date