

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073116

FILED
Aug 14, 2007
Secretary of State

Entity Name: SOUTHLAND HEALTH SERVICES, INC.

Current Principal Place of Business:

2344 WOODRIDGE AVE.
KINGSPORT, TN 37664

New Principal Place of Business:

Current Mailing Address:

2344 WOODRIDGE AVE.
KINGSPORT, TN 37664

New Mailing Address:

FEI Number: 20-0340136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROBASCO, JOSEPH A.
220 S. FRANKLIN ST.
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D () Change (X) Addition
Name: LUNAN, LARRY N
Address: 2344 WOODRIDGE AVE.
City-St-Zip: KINGSPORT, TN 37664

Title: S () Change (X) Addition
Name: WALLS, T. ALAN
Address: 2344 WOODRIDGE AVE.
City-St-Zip: KINGSPORT, TN 37664

Title: D () Change (X) Addition
Name: WARREN, ROGER A
Address: 2344 WOODRIDGE AVE.
City-St-Zip: KINGSPORT, TN 37664

Title: D () Change (X) Addition
Name: HUBBARD, CLINTON
Address: 2344 WOODRIDGE AVE.
City-St-Zip: KINGSPORT, TN 37664

I hereby certify that the information supplied with this filing does not qualify 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: LARRY N. LUNAN

P

08/14/2007

Electronic Signature of Signing Officer or Director

Date