

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053907

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** SOUTHERN LOVING CARE, INC

**Current Principal Place of Business:**

1400 HOWARD STR. EAST  
SUITE B  
LIVE OAK, FL 32064

**New Principal Place of Business:**

106 WHITE AVE SE  
SUITE B-2  
LIVE OAK, FL 32064

**Current Mailing Address:**

1400 HOWARD STR. EAST  
SUITE B  
LIVE OAK, FL 32064

**New Mailing Address:**

106 WHITE AVE SE  
SUITE B-2  
LIVE OAK, FL 32064

**FEI Number:** 06-1814051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTLER, ASHLEY P  
809 LIME AVE NW  
LIVE OAK, FL 32064 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: P  
Name: BUTLER, ASHLEY P  
Address: 809 LIME AVE  
City-St-Zip: LIVE OAK, FL 32064

Title: VP  
Name: BUTLER, RYAN P  
Address: 809 LIME AVE  
City-St-Zip: LIVE OAK, FL 32064

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: ASHLEY P BUTLER

ADM

06/12/2012

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

\_\_\_\_\_  
Date