

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000083269

Entity Name: SOUTH CARE, CORP.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4542 W. VILLAGE DRIVE  
SUITE D  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 340943  
TAMPA, FL 33694

**New Mailing Address:**

FEI Number: 65-1312801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ALEJANDRO  
4542 W. VILLAGE DRIVE.  
SUITE D  
TAMPA, FL 33624 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: PD  
Name: GONZALEZ, ALEJANDRO  
Address: P.O. BOX 340943  
City-St-Zip: TAMPA, FL 33694

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: ALEJANDRO GONZALEZ

PD

01/11/2011

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

\_\_\_\_\_  
Date