

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036825

FILED
Apr 21, 2011
Secretary of State

Entity Name: SOI-23 OF FL, INC.

Current Principal Place of Business:

5260 PARKWAY PLAZA #140
CHARLOTTE, NC 28217 US

New Principal Place of Business:

3023 HSBC WAY
SUITE 100
FORT MILL, SC 29707 US

Current Mailing Address:

P.O. BOX 241448
CHARLOTTE, NC 28224 US

New Mailing Address:

FEI Number: 65-0492053 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: VP
Name: ALEMAN, GILBERT E
Address: P.O. BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: TREA
Name: WILLSON, MICHAEL W
Address: P.O. BOX 241448
City-St-Zip: CHARLOTTE, NC 28224 US

Title: AS
Name: HARKNESS, WARD E
Address: P.O. BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: S
Name: WILLSON, MICHAEL W
Address: P.O. BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: CEOD
Name: GUIDICE, CARL W JR
Address: P.O. BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

Title: PRES
Name: GUIDICE, CARL W JR
Address: PO BOX 241448
City-St-Zip: CHARLOTTE, NC 282241448 US

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 WILLSON

ST

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date