

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
 05-25-2001 90291 002 ***150.00

DOCUMENT # P98000108206

1. Entity Name
SOUTHERNCARE SYSTEMS, INC.

Principal Place of Business Mailing Address
2433 THOMAS DRIVE 2433 THOMAS DRIVE
#148 #148
PANAMA CITY FL 32408 PANAMA CITY FL 32408

2. Principal Place of Business 3. Mailing Address
324 East Beach Dr. 324 East Beach Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
***103 *103**

City & State City & State
Panama City, FL 32401 Panama City, FL
 Zip Country Zip Country
32401 USA 32401 USA

6. Name and Address of Current Registered Agent

PARDY, MICHAEL J
324 EAST BEACH DRIVE
#103
PANAMA CITY FL 32401

4. FEI Number **59-3552239** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 **X**

Signature, typed or printed name of registered agent and title if applicable. (NOT

Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
 NAME **PARDY, MICHAEL J**
 STREET ADDRESS **324 EAST BEACH DRIVE #103**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **S** ☐ Delete
 NAME **BRAUN, JOAN M**
 STREET ADDRESS **324 EAST BEACH DRIVE #103**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete
 NAME **HOAGLAND, GUY D**
 STREET ADDRESS **801 INVERNESS AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1021 Stanford Place**
 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **X Michael J Pardy**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)