

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000108206

1. Entity Name
SOUTHERNCARE SYSTEMS, INC.



Principal Place of Business
324 EAST BEACH DRIVE
#103
PANAMA CITY, FL 32401

Mailing Address
324 EAST BEACH DRIVE
#103
PANAMA CITY, FL 32401



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000130874
04/26/04-80134-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PARDY, MICHAEL J
STREET ADDRESS	324 EAST BEACH DRIVE #103
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	S
NAME	BRAUN, JOAN M
STREET ADDRESS	324 EAST BEACH DRIVE #103
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Pardy

Michael J. Pardy

4-26-04

205-655-4809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #