

No. <b>C 171931</b>		Due no later than Mar 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SOUTHERN HOME CARE SERVICES, INC. MARY PANK 9901 LINN STATION RD LOUISVILLE KY 40223		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	JOLENE L VARNEY	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
DIRECTOR	JOLENE L VARNEY	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
DIRECTOR	MARK PIETROW	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
PRESIDENT	MARK PIETROW	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
SECRETARY	STEVEN S REED	9901 LINN STATION RD	LOUISVILLE	KY	USA	40223
DIRECTOR	MEGAN LORENZ	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
5. Organized Under the Laws of:  <b>GA C 171931</b>		6. Annual Report must be signed.* Signature: Steven S. Reed Name (type or print): Steven S. Reed		Date: 01/20/2016 Title: Secretary		
Processed 01/20/2016		* Electronically provided signatures are accepted as original signatures.				