

No. C 171931		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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 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	DONALD ROSS DAVISON	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
DIRECTOR	MEGAN LORENZ	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
DIRECTOR	DAVID RHODES	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
DIRECTOR	DONALD ROSS DAVISON	9901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
DIRECTOR	PATRICK KELLEY	99901 LINN STATION ROAD	LOUISVILLE	KY	USA	40223
PRESIDENT	PATRICK KELLEY	9901 LINN STATION RD	LOUISVILLE	KY	USA	40223
SECRETARY	STEVEN S REED	9901 LINN STATION RD	LOUISVILLE	KY	USA	40223
5. Organized Under the Laws of: GA C 171931		6. Annual Report must be signed.* Signature: Steven S Reed Name (type or print): Steven S Reed Date: 03/10/2015 Title: Secretary				
Processed 03/10/2015		* Electronically provided signatures are accepted as original signatures.				