No. C 171931		D	2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form			CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHERN HOME CARE SERVICES, INC. ASHLIE HARTZ 9901 LINN STATION RD LOUISVILLE KY 40223						
NO FILING FEE IF RECEIVED BY DUE DATE								
2000 000 10		ess Addresses o	f President, Secretary, and Director	s. Treasurer				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT SECRETARY	PATRICK KELLEY DAVID S WASKEY		9901 LINN STATION RD 9901 LINN STATION RD		LOUISVILLE LOUISVILLE	KY KY	USA USA	40223 40223
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
GA C 171931		Signature: Ashlie Hartz		Da	Date: 02/21/2012			
		Name (type or print): Ashlie Hartz Ti			itle: Sr. Financial Reporting Analys			
Processed 02/21/2012	* Electronically provided signatures are accepted as original signatures.							