

1.) CORPORATION NAME:

**SouthernCare, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1629544**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2204 LAKESHORE DR STE 475

CITY/ST/ZIP: BIRMINGHAM, AL 35209-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RICHARD DUREN  
TITLE: SR VP  
ADDRESS: 2204 LAKESHORE DRIVE  
STE 475  
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-

OFFICER

DIRECTOR

NAME: WILLIAM R HUSTON  
TITLE: CFO  
ADDRESS: 201 E JOHN CARPENTER FREEWAY  
SUITE 650  
CITY/ST/ZIP/CO: IRVING, TX 75062-

OFFICER

DIRECTOR

NAME: MICHAEL J PARSONS  
TITLE: CEO/CHAIRMAN  
ADDRESS: 201 E JOHN CARPENTER FREEWAY  
SUITE 650  
CITY/ST/ZIP/CO: IRVING, TX 75062-

OFFICER

DIRECTOR

NAME: FAZLE HUSAIN  
TITLE: DIRECTOR  
ADDRESS: 1177 AVENUE OF THE AMERICAS  
40TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10036-

OFFICER

DIRECTOR

NAME: JEFFREY SIEGAL TITLE: DIRECTOR ADDRESS: 1177 AVENUE OF THE AMERICAS 40TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM R PRIEST TITLE: SECRETARY ADDRESS: 201 E JOHN CARPENTER FREEWAY SUITE 650 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KEITH PITTS TITLE: DIRECTOR ADDRESS: 20 BURTON HILLS BLVD SUITE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37215-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MELISSA DANIELS TITLE: DIRECTOR ADDRESS: 2725 SAND HILL ROAD SUITE 130 CITY/ST/ZIP/CO: MENLO PARK, CA 94025-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ WILLIAM R PRIEST</u>	<u>WILLIAM R PRIEST, SECRETARY</u>	<u>5/24/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.