

1.) CORPORATION NAME:

SouthernCare, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1629544**

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	2204 LAKESHORE DRIVE STE 475		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	WILLIAM R PRIEST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2204 LAKESHORE DRIVE SUITE 475		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	MICHAEL J PARSONS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2204 LAKESHORE DRIVE SUITE 475		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	WILLIAM R HUSTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2204 LAKESHORE DRIVE SUITE 475		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	ZACHARY VIDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2204 LAKESHORE DRIVE STE 475		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME: EVAN WILDSTEIN TITLE: DIRECTOR ADDRESS: 2204 LAKESHORE DRIVE SUITE 475 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BENJAMIN MAO TITLE: DIRECTOR ADDRESS: 2204 LAKESHORE DRIVE STE 475 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMUEL FRIEDER TITLE: DIRECTOR ADDRESS: 2204 LAKESHORE DRIVE STE 475 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT CUCUEL TITLE: DIRECTOR ADDRESS: 2204 LAKESHORE DRIVE STE 475 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GORDON WOODWARD TITLE: DIRECTOR ADDRESS: 2204 LAKESHORE DRIVE STE 475 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.		
/s/ MICHAEL J PARSONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J PARSONS, CEO PRINTED NAME AND CORPORATE TITLE	5/4/2012 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.		