

1.) CORPORATION NAME:

SouthernCare, Inc.

DUE DATE: **5/31/2014**

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

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: 1000 URBAN CENTER DRIVE
SUITE 115

CITY/ST/ZIP: BIRMINGHAM, AL 35242

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:	1000 URBAN CENTER DRIVE SUITE 115		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35242		

NAME:	MICHAEL J PARSONS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6363 N STATE HIGHWAY 161 SUITE 450		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	WILLIAM R PRIEST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO		
ADDRESS:	6363 N STATE HIGHWAY 161 SUITE 450		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	ROBERT CUCUEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 RADIO CIRCLE		
CITY/ST/ZIP/CO:	MOUNT KISCO, NY 10549		

NAME:	SAMUEL FRIEDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 RADIO CIRCLE		
CITY/ST/ZIP/CO:	MOUNT KISCO, NY 10549		

NAME: BENJAMIN MAO TITLE: DIRECTOR ADDRESS: 111 RADIO CIRCLE CITY/ST/ZIP/CO: MOUNT KISCO, NY 10549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EVAN WILDSTEIN TITLE: DIRECTOR ADDRESS: 111 RADIO CIRCLE CITY/ST/ZIP/CO: MOUNT KISCO, NY 10549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GORDON WOODWARD TITLE: DIRECTOR ADDRESS: 111 RADIO CIRCLE CITY/ST/ZIP/CO: MOUNT KISCO, NY 10549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK J MCCOLPIN TITLE: CFO ADDRESS: 6363 N. STATE HIGHWAY 161 SUITE 450 CITY/ST/ZIP/CO: IRVING, TX 75038	<input checked="" type="checkbox"/> OFFICER	<input 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	5/13/2014 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.		