

1.) CORPORATION NAME:

**SOUTHERN HOME CARE SERVICES, INC.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1701210**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9901 LINN STATION RD

CITY/ST/ZIP: LOUISVILLE, KY 40223

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.

<p>NAME: PATRICK KELLEY TITLE: PRESIDENT ADDRESS: 9901 LINN STATION RD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID RHODES TITLE: VICE PRESIDENT ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: D ROSS DAVISON TITLE: T/AS ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN G FISHER TITLE: ASSISTANT TREAS ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN S REED TITLE: SECRETARY ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PETER LOUGEE TITLE: DIRECTOR ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223</p>	<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/ STEVEN S REED	STEVEN S REED, SECRETARY	2/19/2015
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.		