1019

STATE OF SOUTH CAROLINA

'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120
(Rev. 7/24/14)
3091

SC FILE # 20403794-2
INCOME TAX PERIOD ENDING December 31, 2014
LICENSE FEE PERIOD ENDING December 31, 2015
FEIN 06-1740508
NAME Southern Home Medical, Inc & S

MAILING ADDRESS 218 Trade St, Suite A
CITY Greer
STATE SC ZIP CODE 29651
Change of [X] Address [ ] Accounting Period [ ] Officers

County or Counties in SC Where Property is Located: Greenville
City Audit Location State: Greer, SC
Audit Contact: Jeffrey Sarvis
Telephone Number

Check if [ ] Initial Return ▶ [X] Consolidated Return (Complete Schedule M)
[ ] Amended Return [ ] Includes Disregarded LLC(s) (Complete Schedule L)

Total Gross Receipts. ▶ 462,984.
Total cost of depreciable personal property in SC. ▶ 215,860.

If Filing a **Final** Return, see General Instructions, page 6. **You MUST close your account with the SECRETARY OF STATE and complete I-349.**
▶ [ ] Merged [ ] Reorganized [ ] Dissolved [ ] Withdrawn

Attach complete copy of Federal Return
[ ] **Check here if you filed a federal or state extension**

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return	▶ 1.	-45,082.
2. Net Adjustment from line 12, Schedule A and B	2.	917.
3. Total Net Income as Reconciled (line 1 plus or minus line 2)	▶ 3.	-44,165.
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3	▶ 4.	-44,165.
5. LESS: South Carolina net operating loss carryover, if applicable See Statement 1	5.	
6. South Carolina Net Income subject to tax (line 4 less line 5)	▶ 6.	-44,165.
7. TAX: Multiply amount on line 6 by 5% (.05)	7.	0.
8. Less tax deferred on income from foreign trade receipts (see instructions)	▶ 8.	
9. Balance (line 7 less line 8)	9.	
10. Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 5, Schedule C)	▶ 10.	(0.)
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero	11.	
12. Interest on DISC-deferred tax liability _____ ; or Foreign Trade Deferred Tax Liability _____	12.	
13. Total tax and/or interest (add lines 11 and 12)	13.	
14. **Payments:** (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ _____		
(b) Paid by Declaration ▶ 920. (c) Paid with Tentative Return ▶ _____		
(d) Credit from Line 29b ▶ _____		
Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____		
15. Total Payments and Refundable Credits (add lines 14a through 14f)	15.	920.
16. Balance of Tax and/or Interest Due (line 13 less line 15)	▶ 16.	
17. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total.	▶ 17.	
18. **TOTAL INCOME TAX**, Interest and Penalty Due (add lines 16 and 17) **BALANCE DUE**	18.	
19. **OVERPAYMENT** (line 15 less line 13) 920. To be applied as follows:		
(a) Estimated Tax ▶ 370. **(b) License Fee** ▶ 550. **(c) REFUNDED** ▶		

PART II COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	▶ 20.	487,600.
21. FEE DUE - Line 20 x .001, plus $15.00 **(Fee cannot be less than $25.00 per taxpayer)**	21.	550.
22. Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C	▶ 22.	(0.)
23. Balance (line 21 less line 22)	23.	550.
24. Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶ 550.		
25. Total Payments (add line 24a and 24b)	25.	550.
26. Balance of Fee Due (line 23 less line 25)	▶ 26.	0.
27. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total.	▶ 27.	
28. **TOTAL LICENSE FEE**, Interest and Penalty Due (add lines 26 and 27) **BALANCE DUE**	28.	0.
29. **OVERPAYMENT** (line 25 less line 23) _____ To be applied as follows:		
(a) Estimated Tax ▶ _____ **(b) Income Tax** ▶ _____ **(c) REFUNDED** ▶ _____		
30. **GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28)** EFT [ ]	▶ 30.	0.

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08-01-14

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SC1120 Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1. 917.		
2. Federal Net Operating Loss	2. 0.		
3.	3.		
4.	4.		
5. Other Additions (attach schedule)	5.		
6. Total Additions (add lines 1 through 5)		6.	917.

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7. 0.		
8.	8.		
9.	9.		
10. Other Deductions (attach schedule)	10.		
11. Total Deductions (add lines 7 through 10)		11.	0.
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120		12.	917.

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.	
2. Enter Total Credits from SC1120-TC, Column B, line 16. **SC1120-TC must be attached to return.**	2.	0.
3. Total Credits (add lines 1 and 2)	3.	0.
4. Tax (line 9, Part 1, SC1120)	4.	0.
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.	
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.	
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.	

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here

Signature of officer CLIENT'S COPY	President	
Jeffrey Sarvis	Officer's title	Email
Officer's printed name	Date	Telephone Number

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: Anthony F Perricelli

Paid Preparer's Use Only

Preparer's signature	Date 3/11/15	Check if self-employed [ ]	Preparer's Telephone No. 21
Firm's name (or yours if self-employed) and address: Scott and Company, LLC, PO Box 8388, Columbia, SC		PTIN or FEIN	
		ZIP Code 29202	

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to : SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.dor.sc.gov and look for the DOR ePay logo for other payment options.

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SCHEDULE D **ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS**

1. Name Southern Home Medical, Inc
2. Incorporated under the laws of the State of NV
3. Location of the Registered Office of the Corporation in the State of South Carolina is 218 Trade St, Suite A
   In the City of Greer Registered Agent at such address is Jeffrey Sarvis
4. Location of principal office (street address) 218 Trade St, Suite A Greer, SC 29651
   Nature of principal business in SC Holding Company
5. * The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1,000,000,000. CLASS: Common SERIES:
6. * The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 226,740,396. CLASS: Common SERIES:
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
Jeffrey Sarvis	President	218 Trade St, Suite A Greer, SC 29651
Brittany Toole	Secretary	218 Trade St, Suite A Greer, SC 29651

8. Date Incorporated 01/13/2005 Date commenced business in the State of South Carolina was 01/13/2005
9. Date of this report December 31, 2014 FEIN
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is
11. Was the name of the Corporation changed during the year? NO Give old name
12. The Corporation's books are in the care of Jeffrey Sarvis
    Located at (street address) 218 Trade St, Suite A, Greer, SC 29651
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 264,574.
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ 220,024.
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 484,598.

* See Statement

SCHEDULE M CONSOLIDATED RETURN AFFILIATIONS SCHEDULE

Include additional Schedule Ms as needed. Include only corporations doing business in SC.

Part 1 General Information

Is the Common Parent Corporation included in the return?

Yes [X] No [ ]

If NO, enter Name and Federal Employer Identification Number (FEIN) of Common Parent Corporation.

NAME OF COMMON PARENT CORPORATION FEIN

Name of Each Corporation Included in This Consolidated Return	FEIN
Corporation 1 Southern Home Medical, Inc	(
Corporation 2 ApneaRx, LLC	
Corporation 3 Encore Medical Staffing, Inc.	
Corporation 4	
Corporation 5	
Corporation 6	
Corporation 7	
Corporation 8	

Part 2 Income Tax Information

	Federal Taxable Income	Amounts Directly Allocated	Amounts Allocated to SC	SC Adjustments	SC NOL Prior Year Carryovers
Corporation 1	$ -20,649.	$ 0.	$ 0.	$ 917.	$ 0.
Corporation 2	-4,556.	0.	0.	0.	0.
Corporation 3	-19,877.	0.	0.	0.	0.
Corporation 4					
Corporation 5					
Corporation 6					
Corporation 7					
Corporation 8					
Total	-45,082.			917.	
	Equals page 1, line 1	Equals Sch. F, line 7	Equals Sch. F, line 8	Equals page 1, line 2	Equals page 1, line 5

Part 3 License Fee, Allocation, and Apportionment Information

	Tax Credited on Return	Total Capital and Paid in Surplus	Apportionment Percentage	License Fee
Corporation 1	$ 920.	$ 484,598.	100.0000%	$ 500.
Corporation 2	0.	3,001.	100.0000	25.
Corporation 3	0.	1.	100.0000	25.
Corporation 4				
Corporation 5				
Corporation 6				
Corporation 7				
Corporation 8				
Total	920.	487,600.		550.
	Equals page 1, line 14	Equals page 1, line 20	Per Schedule H	Equals page 1, line 21

SCHEDULE OF COMBINED TAXABLE INCOME AND LICENSE FEE

	Combined Amounts	Southern Home Medical, Inc	ApneaRx, LLC	Encore Medical Staffing, Inc.
Taxable Income				
Federal Taxable Inc.	-45,082.	-20,649.	-4,556.	-19,877.
Net Adjustment From Schedule A and B	917.	917.	0.	0.
Net Income	-44,165.	-19,732.	-4,556.	-19,877.
Less Income Subject to Direct Allocation				
Total Net Income Subject to Apportionment	-44,165.	-19,732.	-4,556.	-19,877.
Sales Ratio				
Addition of Income Allocated to South Carolina				
South Carolina Taxable Income Before NOL	-44,165.	-19,732.	-4,556.	-19,877.
License Fee				
Fair Market Value of Property Owned				
Operating Revenues				
Other Receipts				
Total Capital and Paid In Surplus	487,600.	484,598.	3,001.	1.
Average Ratio				
Total Capital and Paid In Surplus After Apportionment	487,600.	484,598.	3,001.	1.
Fee Due	550.	500.	25.	25.
Less Corporate License Fee Credits	0.	500.	25.	25.
Balance				
Non-refundable Income Tax Credits				
Drip/Trickle Irrigation Systems				
Minority Business				
Water Resources				
New Jobs Credit				
Scenic River Tax Credit				
Infrastructure Credit				
Palmetto Seed Capital				
Corporate Headquarters Credit				
Child Care Program				
Base Closure/Federal Facility Employment Reduction Hiring Credit				
Economic Impact Zone Property Investment				
Credit for Hiring Family Independence Payment Recipients				
Additional Family Independence Payments				
Community Development Tax Credit				
Recycling Property Tax Credit				
Research and Development Credit				
Credit for Qualified Conservation Contribution of Real Property				
Brownfields Cleanup Program Credit				
Certified Historic Structure Credit				
Credit for Textiles Rehabilitation				
Commercials Credit				
Other Credits				

SCHEDULE OF TOTAL GROSS RECEIPTS AND TOTAL COST OF DEPRECIABLE PERSONAL PROPERTY

	Combined Amounts	Southern Home Medical, Inc	ApneaRx, LLC	Encore Medical Staffing, Inc.
Total Gross Receipts	462,984.	25,000.	232,402.	[illegible]
Total Cost of Depreciable Personal Property In SC	215,860.		211,849.	4,011.

1019

STATE OF SOUTH CAROLINA

'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120
(Rev. 7/24/14)
3091

SC FILE # 20403794-2
INCOME TAX PERIOD ENDING December 31, 2014
LICENSE FEE PERIOD ENDING December 31, 2015
FEIN ( )
NAME Southern Home Medical, Inc

MAILING ADDRESS 218 Trade St, Suite A
CITY Greer
STATE SC ZIP CODE
Change of [X] Address [ ] Accounting Period [ ] Officers

County or Counties in SC Where Property is Located:

City **Audit Location** State
Greer, SC

Audit Contact Telephone Number
Jeffrey Sarvis

Check if [ ] **Initial Return** ▶ [X] **Consolidated Return** (Complete Schedule M)
[ ] **Amended Return** [ ] **Includes Disregarded LLC(s) (Complete Schedule L)**

Total Gross Receipts. ▶ 25,000. ▶
Total cost of depreciable personal property in SC.

If Filing a **Final** Return, see General Instructions, page 6. **You MUST close your account with the SECRETARY OF STATE and complete I-349.**
▶ [ ] Merged [ ] Reorganized [ ] Dissolved [ ] Withdrawn

Attach complete copy of Federal Return
[ ] **Check here if you filed a federal or state extension**

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return ▶ 1. -20,649.
2. Net Adjustment from line 12, Schedule A and B 2. 917.
3. Total Net Income as Reconciled (line 1 plus or minus line 2) ▶ 3. -19,732.
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3 ▶ 4. -19,732.
5. LESS: South Carolina net operating loss carryover, if applicable 5. 0.
6. South Carolina Net Income subject to tax (line 4 less line 5) ▶ 6.
7. TAX: Multiply amount on line 6 by 5% (.05) 7.
8. Less tax deferred on income from foreign trade receipts (see instructions) ▶ 8.
9. Balance (line 7 less line 8) 9.
10. Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 5, Schedule C) ▶ 10. ( )
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero 11.
12. Interest on DISC-deferred tax liability _____ ; or Foreign Trade Deferred Tax Liability _____ 12.
13. Total tax and/or interest (add lines 11 and 12) 13.
14. **Payments:** (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ 0.
(b) Paid by Declaration ▶ 920. (c) Paid with Tentative Return ▶ 0.
(d) Credit from Line 29b ▶
Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____
15. Total Payments and Refundable Credits (add lines 14a through 14f) 15.
16. Balance of Tax and/or Interest Due (line 13 less line 15) ▶ 16.
17. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 17.
18. **TOTAL INCOME TAX,** Interest and Penalty Due (add lines 16 and 17) **BALANCE DUE** 18.
19. **OVERPAYMENT** (line 15 less line 13) _____ To be applied as follows:
(a) Estimated Tax ▶ **(b) License Fee** ▶ **(c) REFUNDED** ▶

PART II COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E) ▶ 20. 484,598.
21. FEE DUE - Line 20 x .001, plus $15.00 **(Fee cannot be less than $25.00 per taxpayer)** 21. 500.
22. Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C ▶ 22. ( )
23. Balance (line 21 less line 22) 23. 500.
24. Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶ _____
25. Total Payments (add line 24a and 24b) 25.
26. Balance of Fee Due (line 23 less line 25) ▶ 26.
27. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 27.
28. **TOTAL LICENSE FEE,** Interest and Penalty Due (add lines 26 and 27) **BALANCE DUE** 28.
29. **OVERPAYMENT** (line 25 less line 23) _____ To be applied as follows:
(a) Estimated Tax ▶ _____ **(b) Income Tax** ▶ _____ **(c) REFUNDED** ▶ _____
30. **GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28)** EFT [ ] ▶ 30.

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08-01-14

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STATE OF SOUTH CAROLINA

'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120
(Rev. 7/24/14)
3091

SC FILE # 20345385-0
INCOME TAX PERIOD ENDING December 31, 2014
LICENSE FEE PERIOD ENDING December 31, 2015
FEIN 497
NAME ApneaRx, LLC

MAILING ADDRESS
218 Trade St, Suite A
CITY Greer
STATE SC ZIP CODE
Change of [X] Address [ ] Accounting Period
[ ] Officers

County or Counties in SC Where Property is Located:

City **Audit Location** State
Greer, SC

Audit Contact Telephone Number
Jeffrey Sarvis 864

Check if [ ] **Initial Return** ▶ [X] **Consolidated Return** (Complete Schedule M)
[ ] **Amended Return** [ ] **Includes Disregarded LLC(s) (Complete Schedule L)**

Total Gross Receipts. ▶ 292,482.
Total cost of depreciable personal property in SC. ▶ 211,849.

If Filing a **Final** Return, see General Instructions, page 6. **You MUST close your account with the SECRETARY OF STATE and complete I-349.**
▶ [ ] Merged [ ] Reorganized [ ] Dissolved [ ] Withdrawn

Attach complete copy of Federal Return
[ ] **Check here if you filed a federal or state extension**

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return ▶ 1. -4,556.
2. Net Adjustment from line 12, Schedule A and B 2. 0.
3. Total Net Income as Reconciled (line 1 plus or minus line 2) ▶ 3. -4,556.
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3 ▶ 4. -4,556.
5. LESS: South Carolina net operating loss carryover, if applicable 5. 0.
6. South Carolina Net Income subject to tax (line 4 less line 5) ▶ 6.
7. TAX: Multiply amount on line 6 by 5% (.05) 7.
8. Less tax deferred on income from foreign trade receipts (see instructions) ▶ 8.
9. Balance (line 7 less line 8) 9.
10. Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 5, Schedule C) ▶ 10. ( )
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero 11.
12. Interest on DISC-deferred tax liability _____ ; or Foreign Trade Deferred Tax Liability _____ 12.
13. Total tax and/or interest (add lines 11 and 12) 13.
14. **Payments:** (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ 0.
(b) Paid by Declaration ▶ 0. (c) Paid with Tentative Return ▶ 0.
(d) Credit from Line 29b ▶
Refundable Credits: (e) Ammonia Additive ▶ (f) Milk Credit ▶
15. Total Payments and Refundable Credits (add lines 14a through 14f) 15.
16. Balance of Tax and/or Interest Due (line 13 less line 15) ▶ 16.
17. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 17.
18. **TOTAL INCOME TAX,** Interest and Penalty Due (add lines 16 and 17) **BALANCE DUE** 18.
19. **OVERPAYMENT** (line 15 less line 13) _____ To be applied as follows:
(a) Estimated Tax ▶ **(b) License Fee** ▶ **(c) REFUNDED** ▶

PART II COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E) ▶ 20. 3,001.
21. FEE DUE - Line 20 x .001, plus $15.00 **(Fee cannot be less than $25.00 per taxpayer)** 21. 25.
22. Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C ▶ 22. ( )
23. Balance (line 21 less line 22) 23. 25.
24. Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶
25. Total Payments (add line 24a and 24b) 25.
26. Balance of Fee Due (line 23 less line 25) ▶ 26.
27. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 27.
28. **TOTAL LICENSE FEE,** Interest and Penalty Due (add lines 26 and 27) **BALANCE DUE** 28.
29. **OVERPAYMENT** (line 25 less line 23) _____ To be applied as follows:
(a) Estimated Tax ▶ **(b) Income Tax** ▶ **(c) REFUNDED** ▶
30. **GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28)** EFT [ ] ▶ 30.

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08-01-14

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1019

STATE OF SOUTH CAROLINA

'C' CORPORATION INCOME TAX RETURN

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If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120
(Rev. 7/24/14)
3091

SC FILE # 20428252-4
INCOME TAX PERIOD ENDING December 31, 2014
LICENSE FEE PERIOD ENDING December 31, 2015
FEIN [redacted]
NAME Encore Medical Staffing, Inc.

MAILING ADDRESS
218 Trade Street, Suite A
CITY Greer
STATE SC ZIP CODE
Change of [X] Address [ ] Accounting Period [ ] Officers

County or Counties in SC Where Property is Located:

City **Audit Location** State
Greer, SC

Audit Contact Telephone Number
Jeffrey Sarvis

Check if [ ] **Initial Return** ▶ [X] **Consolidated Return** (Complete Schedule M)
[ ] **Amended Return** [ ] **Includes Disregarded LLC(s) (Complete Schedule L)**

Total Gross Receipts. ▶ 145,502.
Total cost of depreciable personal property in SC. ▶ 4,011.

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▶ [ ] Merged [ ] Reorganized [ ] Dissolved [ ] Withdrawn

Attach complete copy of Federal Return
[ ] **Check here if you filed a federal or state extension**

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return ▶ 1. -19,877.
2. Net Adjustment from line 12, Schedule A and B 2. 0.
3. Total Net Income as Reconciled (line 1 plus or minus line 2) ▶ 3. -19,877.
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3 ▶ 4. -19,877.
5. LESS: South Carolina net operating loss carryover, if applicable 5. 0.
6. South Carolina Net Income subject to tax (line 4 less line 5) ▶ 6.
7. TAX: Multiply amount on line 6 by 5% (.05) 7.
8. Less tax deferred on income from foreign trade receipts (see instructions) ▶ 8.
9. Balance (line 7 less line 8) 9.
10. Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 5, Schedule C) ▶ 10. ( )
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero 11.
12. Interest on DISC-deferred tax liability _____ ; or Foreign Trade Deferred Tax Liability _____ 12.
13. Total tax and/or interest (add lines 11 and 12) 13.
14. **Payments:** (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ 0.
(b) Paid by Declaration ▶ 0. (c) Paid with Tentative Return ▶ 0.
(d) Credit from Line 29b ▶
Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____
15. Total Payments and Refundable Credits (add lines 14a through 14f) 15.
16. Balance of Tax and/or Interest Due (line 13 less line 15) ▶ 16.
17. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 17.
18. **TOTAL INCOME TAX,** Interest and Penalty Due (add lines 16 and 17) **BALANCE DUE** 18.
19. **OVERPAYMENT** (line 15 less line 13) _____ To be applied as follows:
(a) Estimated Tax ▶ **(b) License Fee** ▶ **(c) REFUNDED** ▶

PART II COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E) ▶ 20. 1.
21. FEE DUE - Line 20 x .001, plus $15.00 **(Fee cannot be less than $25.00 per taxpayer)** 21. 25.
22. Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C ▶ 22. ( )
23. Balance (line 21 less line 22) 23. 25.
24. Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶
25. Total Payments (add line 24a and 24b) 25.
26. Balance of Fee Due (line 23 less line 25) ▶ 26.
27. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 27.
28. **TOTAL LICENSE FEE,** Interest and Penalty Due (add lines 26 and 27) **BALANCE DUE** 28.
29. **OVERPAYMENT** (line 25 less line 23) _____ To be applied as follows:
(a) Estimated Tax ▶ **(b) Income Tax** ▶ **(c) REFUNDED** ▶
30. **GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28)** EFT [ ] ▶ 30.

477401
08-01-14

For Office Use Only

30911028

Southern Home Medical, LLC

06-1740508

SC1120 Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.	917.	
2. Federal Net Operating Loss	2.	0.	
3.	3.		
4.	4.		
5. Other Additions (attach schedule)	5.		
6. Total Additions (add lines 1 through 5)			6. 917.

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7.	0.	
8.	8.		
9.	9.		
10. Other Deductions (attach schedule)	10.		
11. Total Deductions (add lines 7 through 10)			11. 0.
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120			12. 917.

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.
2. Enter Total Credits from SC1120-TC, Column B, line 16. **SC1120-TC must be attached to return.**	2.
3. Total Credits (add lines 1 and 2)	3.
4. Tax (line 9, Part 1, SC1120)	4.
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here

Signature of officer: Jeffrey Sarvis

Officer's printed name

President

Officer's title

Email: 864-567-1881

Date

Telephone Number

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: Anthony F Perricelli

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed [ ]

Preparer's Telephone No

Firm's name (or yours if self-employed) and address: Scott and Company, LLC
PO Box 8388
Columbia,SC

PTIN or FEIN

ZIP Code 29202

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature

Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to : SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.dor.sc.gov and look for the DOR ePay logo for other payment options.

477402
08-01-14 PFX

30912026

SCHEDULE D **ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS**

1. Name Southern Home Medical, Inc
2. Incorporated under the laws of the State of NV
3. Location of the Registered Office of the Corporation in the State of South Carolina is 218 Trade St, Suite A
   In the City of Greer Registered Agent at such address is Jeffrey Sarvis
4. Location of principal office (street address) 218 Trade St, Suite A Greer, SC 29651
   Nature of principal business in SC Holding Company
5. * The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
6. * The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
Jeffrey Sarvis	President	218 Trade St, Suite A Greer, SC 29651
Brittany Toole	Secretary	218 Trade St, Suite A Greer, SC 29651

8. Date Incorporated 01/13/2005 Date commenced business in the State of South Carolina was 01/13/2005
9. Date of this report December 31, 2014 FEIN _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of Jeffrey Sarvis
    Located at (street address) 218 Trade St, Suite A, Greer, SC 29651
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 264,574.
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ 220,024.
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 484,598.

* See Statement

SC1120 Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1. 0.	
2. Federal Net Operating Loss	2. 0.	
3.	3.	
4.	4.	
5. Other Additions (attach schedule)	5.	
6. Total Additions (add lines 1 through 5)		6. 0.

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7. 0.	
8.	8.	
9.	9.	
10. Other Deductions (attach schedule)	10.	
11. Total Deductions (add lines 7 through 10)		11. 0.
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120		12. 0.

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.
2. Enter Total Credits from SC1120-TC, Column B, line 16. **SC1120-TC must be attached to return.**	2.
3. Total Credits (add lines 1 and 2)	3.
4. Tax (line 9, Part 1, SC1120)	4.
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here

Signature of officer: Jeffrey Sarvis
Officer's printed name
Officer's title: President
Email: [illegible]
Date
Telephone Number

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: Anthony F Perricelli

Paid Preparer's Use Only

Preparer's signature
Date
Check if self-employed [ ]
Preparer's Telephone No.
Firm's name (or yours if self-employed) and address: Scott and Company, LLC
PO Box 8388
Columbia,SC
PTIN or FEIN
ZIP Code 29202

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature
Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to : SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.dor.sc.gov and look for the DOR ePay logo for other payment options.

477402
08-01-14 PFX

30912026

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name _____
2. Incorporated under the laws of the State of _____
3. Location of the Registered Office of the Corporation in the State of South Carolina is _____
   In the City of _____ Registered Agent at such address is _____
4. Location of principal office (street address) _____
   Nature of principal business in SC _____
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 0. CLASS: _____ SERIES: _____
6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 0. CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS

8. Date Incorporated _____ Date commenced business in the State of South Carolina was _____
9. Date of this report _____ FEIN _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? _____ Give old name _____
12. The Corporation's books are in the care of _____
    Located at (street address) _____
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ _____
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ _____
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ _____

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1. 0.	
2. Federal Net Operating Loss	2. 0.	
3.	3.	
4.	4.	
5. Other Additions (attach schedule)	5.	
6. Total Additions (add lines 1 through 5)		6. 0.

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S.	7. 0.	
8.	8.	
9.	9.	
10. Other Deductions (attach schedule)	10.	
11. Total Deductions (add lines 7 through 10)		11. 0.
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120		12. 0.

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.
2. Enter Total Credits from SC1120-TC, Column B, line 16. **SC1120-TC must be attached to return.**	2.
3. Total Credits (add lines 1 and 2)	3.
4. Tax (line 9, Part 1, SC1120)	4.
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here

Signature of officer: Jeffrey Sarvis

Officer's printed name

Officer's title: President

Email: remedical

Date

Telephone Number

I **authorize** the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes [X] No [ ]

Preparer's Printed Name: Anthony F Perricelli

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed [ ]

Preparer's Telephone No. 21 92

Firm's name (or yours if self-employed) and address: Scott and Company, LLC
PO Box 8388
Columbia,SC

PTIN or FF

ZIP Code 29202

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature

Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to : SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.dor.sc.gov and look for the DOR ePay logo for other payment options.

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name _____
2. Incorporated under the laws of the State of _____
3. Location of the Registered Office of the Corporation in the State of South Carolina is _____
   In the City of _____ Registered Agent at such address is _____
4. Location of principal office (street address) _____
   Nature of principal business in SC _____
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 0. CLASS: _____ SERIES: _____
6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 0. CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS

8. Date Incorporated _____ Date commenced business in the State of South Carolina was _____
9. Date of this report _____ FEIN _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? _____ Give old name _____
12. The Corporation's books are in the care of _____
    Located at (street address) _____
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ _____
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ _____
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ _____

SC1120

SCHEDULE I **RESERVED**

SCHEDULE J **CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**
AFFILIATED CORPORATION NO. ____

1. Name ApneaRx, LLC
2. Incorporated under the laws of the State of South Carolina
3. Location of the Registered Office of the Corporation in the State of South Carolina is 50 Lawrence St
   In the City of Lyman Registered Agent at such address is Jeffrey Sarvis
4. Location of principal office (street address) 218 Trade St, Suite A Greer, SC 29651
   Nature of principal business in S.C. Home Medical Care
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
1,000	Membership Units	

6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
1,000	Membership Units	

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
Jeffrey Sarvis	President	50 Lawrence St Lyman, SC 293

8. Date Incorporated 07/10/2003 Date commenced business in the State of South Carolina was 07/10/2003
9. Date of this report 12/31/14 FEIN 5[illegible]7 SC File # ____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is ____
11. Was the name of the Corporation changed during the year? NO Give old name ____
12. The Corporation's books are in the care of Jeffrey Sarvis
    Located at (street address) 218 Trade St, Suite A, Greer, SC 29651
13. Corporate Mailing Address Greer, SC 29651
14. The total amount of stated capital per balance sheet is:

A. Total paid in Capital Stock (cannot be a negative amount)	$	0.
B. Total paid in Capital Surplus (cannot be a negative amount)	$	3,001.
C. Total amount of stated Capital (cannot be a negative amount)	$	3,001.

For additional affiliated corporations, include additional Schedule Js as needed.

SC1120

SCHEDULE I **RESERVED**

SCHEDULE J **CORPORATIONS INCLUDED IN CONSOLIDATED RETURN**
AFFILIATED CORPORATION NO. ____

1. Name Encore Medical Staffing, Inc.
2. Incorporated under the laws of the State of SC
3. Location of the Registered Office of the Corporation in the State of South Carolina is 218 Trade St, Suite A
   In the City of Greer Registered Agent at such address is Jeffrey Sarvis
4. Location of principal office (street address) 218 Trade Street, Suite A Greer, SC 296
   Nature of principal business in S.C. Medical Staffing
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
25,000	Common	

6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES
1,000	Common	

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
Jeffrey Sarvis	President	218 Trade St, Ste A Greer, S

8. Date Incorporated 04/25/2007 Date commenced business in the State of South Carolina was 04/25/2007
9. Date of this report 12/31/14 FEIN _____ SC File # _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of Jeffrey Sarvis
    Located at (street address) 218 Trade St, Suite A, Greer, SC 29651
13. Corporate Mailing Address Greer, SC 29651
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 1.
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ 0.
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 1.

For additional affiliated corporations, include additional Schedule Js as needed.

SC1120/SC1120U — Net Operating Loss Deduction — Statement 1

Date	Loss Sustained	Loss Previously Applied	Loss Remaining
12/31/11	76,228.	76,228.	0.
Total NOL Carryover Available This Year			0.

SC1120/SC1120U — Schedule D Issued Capital Stock — Statement 2

Number of Shares	Class	Series
226,740,396.	Common	
19,827,000.	Preferred	A
18,006,250.	Preferred	C

SC1120/SC1120U — Schedule D Authorized Capital Stock — Statement 3

Number of Shares	Class	Series
1,000,000,000.	Common	
25,000,000.	Preferred	A
25,000,000.	Preferred	C

SC1120/SC1120U — Schedule D Issued Capital Stock — Statement 4

Number of Shares	Class	Series
226,740,396.	Common	
19,827,000.	Preferred	A
18,006,250.	Preferred	C

SC1120/SC1120U Schedule D Authorized Capital Stock Statement 5

Number of Shares	Class	Series
1,000,000,000.	Common	
25,000,000.	Preferred	A
25,000,000.	Preferred	C