2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90301 003 ***150.00

DOCUMENT # F03000003524

1. Entity Name
SOVEREIGN HEALTHCARE, INC.

94049198

Principal Place of Business	Mailing Address
205 PRESWICK PARK DR. NEWNAN, GA 30265	205 PRESWICK PARK DR. NEWNAN, GA 30265

02112004 Chg-P CR2E034 (10/03)

2. **Southern Healthcare Management, LLC.**
101 Sunnytown Road, Suite 201
Casselberry, Florida 32707

4. FEI Number 20-0959284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST. TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE April 7, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP KRYSTOPOWICZ, WILLIAM 205 PRESWICK PARK DR. NEWNAN, GA 30265	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 101 Sunnytown Road, Suite 201 Casselberry, Florida 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST NOTERMAN, JOHN 205 PRESWICK PARK DR. NEWNAN, GA 30265	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	101 Sunnytown Road, Suite 201 Casselberry, Florida 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HAGER, DARREL 205 PRESWICK PARK DR. NEWNAN, GA 30265	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	101 Sunnytown Road, Suite 201 Casselberry, Florida 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul L. Hager April 7, 2004 (407) 830-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-0959284 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Sovereign HealthCare Inc

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
Sovereign HealthCare Inc	
4a* Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box)
101 Sunnytown Rd Ste 201	
4b* City, state, and ZIP code	5b City, state, and ZIP code
Casselberry FL 32707 -	

6* County and state where principal business is located
County Seminole State FL

7a* Name of principal officer, general partner, grantor, owner, or trustor	7b* SSN, ITIN, EIN
William J Krystopowicz	181-44-0506

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ F03000003524
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption N0. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b* If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
	DE	

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ Management Company
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)	11* Closing month of accounting year
JUN 23 2003	DEC

12 First date wages or annuities were paid or will be paid (month, day, year) ***Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ AUG 1 2003

13 Highest number of employees expected in the next twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other
	0	0	0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☑ Other (specify) Management Company

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Management Services

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☑ Yes ☐ No
Note *If "Yes" please complete lines 16b and 16c*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Sovereign HealthCare of Florida
Trade name ▶ Sovereign HealthCare of Florida

16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
JUL 23 2003	Dover DE	20 - 0936335

Third Party Designee — Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name	Designee's telephone number (include area code)
Don Melton	(407) 830 - 5309
Address and ZIP code	Designee's fax number (include area code)
101 Sunnytown Rd 201 Casselberry FL 32707 -	(407) 830 - 7952

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly)

Applicant's telephone number (include area code)