

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003524

1. Entity Name
 SOVEREIGN HEALTHCARE, INC.



Principal Place of Business
 SOUTHERN HEALTHCARE MANAGEMENT LLC
 101 SUNNYTOWN ROAD STE 201
 CASSELBERRY, FL 32707

Mailing Address
 SOUTHERN HEALTHCARE MANAGEMENT LLC
 101 SUNNYTOWN ROAD STE 201
 CASSELBERRY, FL 32707



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN ST.
 TALLAHASSEE, FL 32301

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	KRYSTOPOWICZ, WILLIAM
STREET ADDRESS	101 SUNNYTOWN ROAD STE 201
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	DST
NAME	NOTERMAN, JOHN
STREET ADDRESS	101 SUNNYTOWN ROAD STE 201
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	DVP
NAME	HAGER, DARREL
STREET ADDRESS	101 SUNNYTOWN ROAD STE 201
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000240196
 02/23/05-80021-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/05
 Date

Daytime Phone # _____