


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 20, 2006 08:00 AM  
Secretary of State**

DOCUMENT # M03000002328				
1. Entity Name SOVEREIGN HEALTHCARE OF ORLANDO, LLC				
Principal Place of Business SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707 US		Mailing Address SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 20-0184937				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent	
			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 _____ <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is required when reinstating)</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOVEREIGN HEALTHCARE, INC. 101 SUNNYTOWN RD., STE 201 CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: <u><i>Samuel L. Hays</i></u>			March 9, 2006 407-830-5309 Ext. 101	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				



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