



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

<b>DOCUMENT # M03000002330</b> 1. Entity Name <b>SOVEREIGN HEALTHCARE OF TUSKAWILLA, LLC</b>					
Principal Place of Business <b>SOUTHERN HEALTHCARE MGMT, LLC</b> <b>101 SUNNYTOWN RD STE 201</b> <b>CASSELBERRY, FL 32707</b>		Mailing Address <b>SOUTHERN HEALTHCARE MGMT, LLC</b> <b>101 SUNNYTOWN RD STE 201</b> <b>CASSELBERRY, FL 32707</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01132006 Chg-LLC CR2E083 (11/05)	
Zip Country		Zip Country		4. FEI Number <b>20-0186229</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC.</b> <b>515 E. PARK AVE.</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 the filer (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>SOVEREIGN HEALTHCARE, INC.</b> <b>101 SUNNYTOWN RD STE 201</b> <b>CASSELBERRY, FL 32707</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Paul E. Hays</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			March 9, 2006 407-830-5309 Ext. 101		