

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002330

FILED
Jan 16, 2009
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE OF TUSKAWILLA, LLC

Current Principal Place of Business:

SOVEREIGN HEALTHCARE OF TUSKAWILLA, LLC
1024 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN RD SUITE 201
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-0186229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NOTERMANN, JOHN J
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. MARK CRONQUIST MGR 01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date