2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

Mar 10, 2004 8:00 am **Secretary of State** DOCUMENT # M03000002332 03-10-2004 90185 001 ****50.00 SOVEREIGN HEALTHCARE OF INVERNESS, LLC Principal Place of Business Mailing Address 205 PRESWICK PARK DRIVE 205 PRESWICK PARK DRIVE NEWNAN, GA 30265 NEWNAN, GA 30265 Southern Healthcare Management, LLC 101 Sunnytown Road, Ste. 201 CR2E083 (10/03) 02122004 Chg-LLC Casselberry, Florida 4. FEI Number 20-0184978 Applied For APPLIED Not Applicable 32707 USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Delete ■ Addition 101 Sunnytown Rd., Ste201 SOVEREIGN HEALTHCARE, INC. NAME 205 PRESWICK PARK DRIVE STREET ADDRESS STREET ADDRESS Casselberry, Florida 32707 CITY-ST-ZIP CITY-ST-ZIP NEWNAN, GA 30265 TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. (407) 830-5309

FILED