


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90185 049 ****50.00

DOCUMENT # M03000002335	
1. Entity Name SOVEREIGN HEALTHCARE OF WEST PALM BEACH, LLC	

Principal Place of Business 205 PRESWICK PARK DRIVE NEWMAN, GA 30265	Mailing Address 205 PRESWICK PARK DRIVE NEWMAN, GA 30265
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2. **Southern Healthcare Management, LLC**
101 Sunnyside Road, Ste. 201
Casselberry, Florida
32707 USA



02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED 20-0184869	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOVEREIGN HEALTHCARE, INC. 205 PRESWICK PARK DRIVE NEWMAN, GA 30265 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 Sunnyside Rd., Ste201 Casselberry, Florida 32707 <input checked="" 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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11. 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.

SIGNATURE: Samuel H. Hays **(407) 830-5309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #