

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**DOCUMENT # M03000002335**



1. Entry Name  
**SOVEREIGN HEALTHCARE OF WEST PALM BEACH, LLC**

Principal Place of Business <b>SOUTHERN HEALTHCARE MANAGEMENT, LLC          101 SUNNYTOWN ROAD, STE. 201          CASSELBERRY, FL 32707 US</b>	Mailing Address <b>SOUTHERN HEALTHCARE MANAGEMENT, LLC          101 SUNNYTOWN ROAD, STE. 201          CASSELBERRY, FL 32707 US</b>
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2. Principal Place of Business	3. Mailing Address	01132006	Chg-LLC	CR2E083 (11/05)
Suite, Apt #, etc	Suite, Apt #, etc	4. FEI Number	Applied For	
City & State	City & State	<b>20-0184869</b>	Not Applicable	
Zip	Country	5. Certificate of Status Desired	Additional Fee Required	
		<input type="checkbox"/>	<b>\$5.00</b>	

6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC.          515 E. PARK AVE.          TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOVEREIGN HEALTHCARE, INC. 101 SUNNYTOWN RD., STE 201 CASSELBERRY, FL 32707</b> <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	<b>U00000474875 04/04/06-80041-003 50.00</b> <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
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 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:** *Samuel Hagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**March 9, 2006**  
**407-830-5309 Ext. 101**