2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M03000002336 03-10-2004 90185 045 ****50.00 SOVÉREIGN HEALTHCARE OF PALM CITY, LLC Principal Place of Business Mailing Address 205 PRESWICK PARK DRIVE 205 PRESWICK PARK DRIVE NEWNAN, GA 30265 NEWNAN, GA 30265 2. Southern Healthcare Management, LLC 101 Sunnytown Road, Ste. 201 Chg-LLC 02122004 CR2E083 (10/03) Casselberry, Florida Applied For 4. FEI Number 20-0185193 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 City 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, 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change TITLE ☐ Delete TITLE ■ Addition 101 Sunnytown Rd., Ste201 SOVEREIGN HEALTHCARE, INC. NAME NAME STREET ADDRESS 205 PRESWICK PARK DRIVE STREET ADDRESS Casselberry, Florida 32707 CITY-ST-ZIP CITY-ST-ZIP NEWNAN, GA 30265 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ппе Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 11. I hereby certify that the information supptied with this filling 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. (407) 830-5309

ANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 10, 2004 8:00 am