

DOCUMENT # M03000002336		
1. Entity Name SOVEREIGN HEALTHCARE OF PALM CITY, LLC		
Principal Place of Business 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	Mailing Address 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	
2. Southern Healthcare Management, LLC 101 Sunnyside Road, Ste. 201 Casselberry, Florida 32707 USA		
6. Name and Address of Current Registered Agent		Name
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOVEREIGN HEALTHCARE, INC. 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.		
SIGNATURE: _____		