

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002338

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** SOVEREIGN HEALTHCARE OF PORT ORANGE, LLC

**Current Principal Place of Business:**

SOVEREIGN HEALTHCARE OF PORT ORANGE, LLC  
5600 VICTORIA GARDENS BOULEVARD  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

5600 VICTORIA GARDENS BOULEVARD  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

SOUTHERN HEALTHCARE MANAGEMENT, LLC  
101 SUNNYTOWN ROAD, SUITE 201  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC  
101 SUNNYTOWN ROAD, SUITE 201  
CASSELBERRY, FL 32707 US

FEI Number: 20-0186136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NOTERMANN, JOHN J  
Address: 5887 GLENRIDGE DRIVE, SUITE 150  
City-St-Zip: ATLANTA, GA 30328

Title: MGR  
Name: CRONQUIST, R. MARK  
Address: 5887 GLENRIDGE DRIVE, SUITE 150  
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: R. MARK CRONQUIST

MGR

01/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date