


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2004 90185 016 ****50.00

DOCUMENT # M03000002340

1. Entity Name
SOVEREIGN HEALTHCARE OF ST. AUGUSTINE, 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



02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0185176** Applied For
 APPLIED Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 **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

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

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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