


-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M03000002340					
1. Entity Name SOVEREIGN HEALTHCARE OF ST. AUGUSTINE, LLC					
Principal Place of Business SOUTHERN HEALTHCARE MGMT, LLC 101 SUNNYTOWN RD STE 201 CASSELBERRY, FL 32707			Mailing Address SOUTHERN HEALTHCARE MGMT, LLC 101 SUNNYTOWN RD STE 201 CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0185176	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM SOVEREIGN HEALTHCARE, INC. 101 SUNNYTOWN RD STE 201 CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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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	
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: <u><i>James L. Hays</i></u>			March 9, 2006 407-830-5309 Ext. 101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					



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