

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002340

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SOVEREIGN HEALTHCARE OF ST. AUGUSTINE, LLC

**Current Principal Place of Business:**

200 MARINER HEALTH WAY  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0185176

**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

01/05/2011

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