


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2004 90185 015 ****50.00

DOCUMENT # M03000002341		
1. Entity Name SOVEREIGN HEALTHCARE OF JACKSONVILLE, LLC		
Principal Place of Business 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	Mailing Address 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	
Southern Healthcare Management, LLC 101 Sunnytown Road, Ste. 201 Casselberry, Florida 32707 USA		



02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED	20-0185133	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. 103 NORTH MERIDIAN STREET 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	101 Sunnytown Rd., Ste201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOVEREIGN HEALTHCARE, INC.		NAME	Casselberry, Florida 32707	
STREET ADDRESS	205 PRESWICK PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEWNAN, GA 30265		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(407) 830-5309

Date

Daytime Phone #