

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002341

FILED
Jan 06, 2010
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE OF JACKSONVILLE, LLC

Current Principal Place of Business:

SOVEREIGN HEALTHCARE OF JACKSONVILLE, LLC
4134 DUNN AVENUE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

4134 DUNN AVENUE
JACKSONVILLE, FL 32218 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: 20-0185133

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

01/06/2010

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