

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002342

1. Entity Name
SOVEREIGN HEALTHCARE OF MACCLENNY, 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



01032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0185142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOVEREIGN HEALTHCARE, INC.
STREET ADDRESS	101 SUNNYTOWN RD STE 201
CITY - ST - ZIP	CASSELBERRY, FL 32707

000000240011
02/23/05-80012-017 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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: Samuel L. Hagan

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

1/3/05

Date

Daytime Phone #