


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M03000002346 1. Entity Name SOVEREIGN HEALTHCARE OF BONIFAY, LLC	
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Principal Place of Business SOUTHERN HEALTHCARE MANGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707	Mailing Address SOUTHERN HEALTHCARE MANGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707
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01032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0184841	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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOVEREIGN HEALTHCARE, INC. 101 SUNNYTOWN RD., STE201 CASSELBERRY, FL 32707
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02/23/05-80012-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Z. Hagan Date: 1/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE