


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

03-10-2004 90185 006 \*\*\*\*50.00

**DOCUMENT # M03000002347**

1. Entity Name  
**SOVEREIGN HEALTHCARE OF TITUSVILLE, LLC**



Principal Place of Business      Mailing Address  
**205 PRESWICK PARK DRIVE**      **205 PRESWICK PARK DRIVE**  
**NEWNAN, GA 30265**      **NEWNAN, GA 30265**

2      **Southern Healthcare Management, LLC**  
**101 Sunnyside Road, Ste. 201**  
**Casselberry, Florida**  
**32707 USA**



02122004    Chg-LLC    CR2E083 (10/03)

4. FEI Number: **20-0186169**      Applied For  
**APPLIED**      Not Applicable

5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**103 NORTH MERIDIAN STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_      (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SOVEREIGN HEALTHCARE, INC.</b> <b>205 PRESWICK PARK DRIVE</b> <b>NEWNAN, GA 30265</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>101 Sunnyside Rd., Ste201</b> <b>Casselberry, Florida 32707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Paul Z. Hagan*      **(407) 830-5309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #