

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # M03000002347**

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



Principal Place of Business  
**SOUTHERN HEALTHCARE MANAGEMENT, LLC**  
**101 SUNNYTOWN ROAD, STE. 201**  
**CASSELBERRY, FL 32707 US**

Mailing Address  
**SOUTHERN HEALTHCARE MANAGEMENT, LLC**  
**101 SUNNYTOWN ROAD, STE. 201**  
**CASSELBERRY, FL 32707 US**



01032005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-0186169</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**103 NORTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

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

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 02/23/05-80012-005 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:** James E. Wagoner 1/3/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #