


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90109 045 ****50.00

DOCUMENT # M03000002353

1. Entity Name
SOVEREIGN HEALTHCARE OF ATLANTIC SHORES, 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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0184812 Applied For 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 N. MERIDIAN ST.
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 _____ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOVEREIGN HEALTHCARE, INC. 202 SUNNYTOWN RD., STE 201 CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707
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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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

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 Z. Haza 1/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #