

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002353

FILED
Mar 05, 2007
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE OF ATLANTIC SHORES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0184812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOVEREIGN HEALTHCARE, INC.
Address: 101 SUNNYTOWN ROAD SUITE 201
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOVEREIGN HEALTHCARE, HOLDINGS, LLC
Address: 101 SUNNYTOWN ROAD SUITE 201
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. MARK CRONQUIST AS MGRM SOV HCARE HOLD MGRM 03/05/2007

_____ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date