

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004417



1. Entity Name
 SOVEREIGN HEALTHCARE OF NORTH FORT MYERS, LLC

Principal Place of Business: 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707
 Mailing Address: 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707



2. Principal Place of Business		3. Mailing Address		01132006	Chg-LLC	CR2E083 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		20-2128932	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSTOPOWICZ, WILLIAM 101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000475069 04/04/06 80046-024 50.00
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 exemptions contained in Chapter 119, 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: *[Signature]* 1-25-06 (404)-574-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #