

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006686

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** SOVEREIGN HEALTHCARE DISBURSEMENTS, LLC

**Current Principal Place of Business:**

5887 GLENRIDGE DRIVE NE  
SUITE 150  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

5887 GLENRIDGE DRIVE NE  
SUITE 150  
ATLANTA, GA 30328

**New Mailing Address:**

**FEI Number:** 20-5651038      **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 EAST 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: MGR      ( ) Delete  
Name: NOTERMANN, JOHN  
Address: 5887 GLENRIDGE DRIVE, SUITE 150  
City-St-Zip: ATLANTA, GA 30328

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: NOTERMANN, JOHN J  
Address: 5887 GLENRIDGE DRIVE, SUITE 150  
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify 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      MGR      01/16/2009

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