


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90185 043 ****50.00

DOCUMENT # M03000002343		
1. Entity Name SOVEREIGN HEALTHCARE OF ORANGE CITY, LLC		
Principal Place of Business 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	Mailing Address 205 PRESWICK PARK DRIVE NEWNAN, GA 30265	
2. Southern Healthcare Management, LLC 101 Sunnyside Road, Ste. 201 Casselberry, Florida 32707 USA		



02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0185185** Applied For
APPLIED 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 STREET 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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOVEREIGN HEALTHCARE, INC.			NAME	101 Sunnyside Rd., Ste201		
STREET ADDRESS	205 PRESWICK PARK DRIVE			STREET ADDRESS	Casselberry, Florida 32707		
CITY-ST-ZIP	NEWNAN, GA 30265			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *James E. [Signature]*

(407) 830-5309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #