


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

02-24-2005 90108 005 \*\*\*\*50.00

<b>DOCUMENT # M04000004417</b>	
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01102005 Chg-LLC CR2E083 (10/03)

4. FEJ Number <b>20-2128932</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN ROAD, LOWER LEVEL TALLAHASSEE, FL 32301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSTOPOWICZ, WILLIAM <input type="checkbox"/> Delete 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328	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
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
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
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
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 *William Krystopowicz* **1-31-05** **404** **250-1918**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #