

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M03000002332

1. Entity Name
SOVEREIGN HEALTHCARE OF INVERNESS, LLC



Principal Place of Business
**SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN ROAD, STE. 201
CASSELBERRY, FL 32707 US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-0184978

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. 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

Signature, typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**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
**MGRM
SOVEREIGN HEALTHCARE, INC.
101 SUNNYTOWN RD., STE 201
CASSELBERRY, FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U000000474950
04/04/06-80043-015 50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**March 9, 2006
407-830-5309 Ext. 101**