

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002340

FILED
Jan 14, 2008
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE OF ST. AUGUSTINE, LLC

Current Principal Place of Business:

SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN RD STE 201
CASSELBERRY, FL 32707

New Principal Place of Business:

SOVEREIGN HEALTHCARE OF ST AUGUSTINE, LLC
200 MARINER HEALTH WAY
ST. AUGUSTINE, FL 32086

Current Mailing Address:

SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN RD STE 201
CASSELBERRY, FL 32707

New Mailing Address:

SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN ROAD SUITE 201
CASSELBERRY, FL 32707

FEI Number: 20-0185176

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 E. 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: MGRM () Delete
Name: SOVEREIGN HEALTHCARE, HOLDINGS, LLC
Address: 101 SUNNYTOWN RD STE 201
City-St-Zip: CASSELBERRY, FL 32707

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

01/14/2008

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