

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000000783

**Entity Name:** SOVEREIGN HEALTH SERVICES INCORPORATED

**Current Principal Place of Business:**

529 79 STREET  
UNIT #1  
MIAMI BEACH, FL 33141-5086

**Current Mailing Address:**

P.O.BOX 415086  
MIAMI BEACH, FL 33141-5086 US

**FEI Number:** 45-4136451

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, MADELEN  
529 79 STREET  
UNIT #1  
MIAMI BEACH, FL 33141-5086 US

*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

**Officer/Director Detail :**

Title P  
Name RODRIGUEZ, MADELEN  
Address 529 79 STREET  
UNIT #1  
City-State-Zip: MIAMI BEACH FL 33141-5086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MADELEN RODRIGUEZ

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date