

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002330

Entity Name: SOVEREIGN HEALTHCARE OF TUSKAWILLA, LLC

Current Principal Place of Business:

1024 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708

Current Mailing Address:

101 SUNNYTOWN ROAD
SUITE 201
CASSELBERRY, FL 32707 US

FEI Number: 20-0186229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title MANAGER, (MANAGER-MANAGED)
Name SOUTHERN HEALTHCARE
 MANAGEMENT, LLC
Address 101 SUNNYTOWN ROAD
 SUITE 201
City-State-Zip: CASSELBERRY FL 32707

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRITT MCCULLOUGH

**AUTHORIZED
REPRESENTATIVE**

03/30/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date