

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002331

**Entity Name:** SOVEREIGN HEALTHCARE OF TAMPA, LLC

**Current Principal Place of Business:**

3117 WEST GANDY BOULEVARD  
TAMPA, FL 33611

**Current Mailing Address:**

101 SUNNYTOWN ROAD  
SUITE 201  
CASSELBERRY, FL 32707 US

**FEI Number:** 20-0186195

**Certificate of Status Desired:** No

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

COGENCY GLOBAL 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:** SOUTHERN HEALTHCARE MANAGEMENT, LLC

**MANAGER**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date