

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002336

Entity Name: SOVEREIGN HEALTHCARE OF PALM CITY, LLC

Current Principal Place of Business:

101 SUNNYTOWN ROAD
SUITE 201
CASSELBERRY, FL 32707

Current Mailing Address:

101 SUNNYTOWN ROAD
SUITE 201
CASSELBERRY, FL 32707 US

FEI Number: 20-0185193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
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 | Title | MANAGER |
| Name | NOTERMANN, JOHN J | Name | CRONQUIST, R. MARK |
| Address | 101 SUNNYTOWN ROAD SUITE 201 | Address | 101 SUNNYTOWN ROAD SUITE 201 |
| City-State-Zip: | CASSELBERRY FL 32707 | 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: R. MARK CRONQUIST

MANAGER

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date