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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/25/2013 MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 5887 GLENRIDGE DRIVE NE

SUITE 150 ATLANTA, GA 30328 US

DOCUMENT# M0300002343

2810 ENTERPRISE ROAD DEBARY, FL 32713

Current Principal Place of Business:

FEI Number: 20-0185185

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

Authorized Person(s) Detail :

Authorized Person(s) Detail .			
Title	MANAGER	Title	MANAGER
Name	NOTERMANN, JOHN J	Name	CRONQUIST, R. MARK
Address	5887 GLENRIDGE DRIVE NE SUITE 150	Address	5887 GLENRIDGE DRIVE NE SUITE 150
City-State-Zip	: ATLANTA GA 30328	City-State-Zip:	ATLANTA GA 30328

Certificate of Status Desired: No

FILED Jan 25, 2013 Secretary of State CC2229078433

Date

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SOVEREIGN HEALTHCARE OF ORANGE CITY, LLC

SIGNATURE: R. MARK CRONQUIST