# Entity Name: SOVEREIGN HEALTHCARE OF PINELLAS POINT, LLC

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

# Current Principal Place of Business:

101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY, FL 32707

# **Current Mailing Address:**

DOCUMENT# M0300002344

101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY, FL 32707 US

# FEI Number: 20-0186111

# 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 :

| Title           | MANAGER                         | Title           | MANAGER                         |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Name            | NOTERMANN, JOHN J               | Name            | CRONQUIST, R. MARK              |
| Address         | 101 SUNNYTOWN ROAD<br>SUITE 201 | Address         | 101 SUNNYTOWN ROAD<br>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

01/09/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date