#### **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002346

Entity Name: SOVEREIGN HEALTHCARE OF BONIFAY, LLC

FILED Feb 05, 2024 Secretary of State 0619533824CC

### **Current Principal Place of Business:**

306 WEST BROCK AVENUE BONIFAY, FL 32425

### **Current Mailing Address:**

101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY. FL 32707 US

FEI Number: 20-0184841 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 RD

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