#### 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

Electronic Signature of Signing Authorized Person(s) Detail

NATIONAL CORPORATE RESEARCH, LTD., 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

#### Authorized Person(s) Detail :

Authonized 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

## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0300002347

Entity Name: SOVEREIGN HEALTHCARE OF TITUSVILLE, 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: 20-0186169

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

MANAGER

Certificate of Status Desired: No

Date

03/30/2016

FILED Mar 30, 2016 Secretary of State CC5262876165

Date