

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 12, 2015
Secretary of State
CC4479346785

Entity Name: SOVEREIGN HEALTH OF FLORIDA, INC.

Current Principal Place of Business:

254 CHAPMAN ROAD, TOPKIS BLDG., STE.100
NEWARK, DE 19702

Current Mailing Address:

254 CHAPMAN ROAD, TOPKIS BLDG., STE.100
NEWARK, DE 19702

FEI Number: 20-2585469

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
3030 N. ROCKY POINT DR., STE.150A
TAMPA, FL 33607 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

Officer/Director Detail :

Title CHRM
Name BARKATAKI, RISHI
Address 254 CHAPMAN ROAD, TOPKIS BLDG.,
STE.100
City-State-Zip: NEWARK DE 19702

Title PT
Name BARKATAKI, RISHI
Address 254 CHAPMAN ROAD, TOPKIS BLDG.,
STE.100
City-State-Zip: NEWARK DE 19702

Title VCHR
Name SHARMA, TONMOY
Address 254 CHAPMAN ROAD, TOPKIS BLDG.,
STE.100
City-State-Zip: NEWARK DE 19702

Title S
Name SHARMA, TONMOY
Address 254 CHAPMAN ROAD, TOPKIS BLDG.,
STE.100
City-State-Zip: NEWARK DE 19702

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RISHI BARKATAKI

CHRM

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date