

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001827

**FILED**  
**Jun 30, 2014**  
**Secretary of State**  
**CC6310976909**

**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

**CHAIRMAN**

**06/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date