

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001827

**Entity Name:** SOVEREIGN HEALTH OF FLORIDA, INC.**Current Principal Place of Business:**1201 PUERTA DEL SOL SUITE 224  
SAN CLEMENTE, CA 92673**Current Mailing Address:**PO BOX 5705  
SAN CLEMENTE, CA 92674-5705 US**FEI Number:** 20-2585469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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**Officer/Director Detail :**

Title	PRESIDENT, TREASURER, SECRETARY, DIRECTOR
Name	PURBEY, PRADIP KUMAR
Address	PO BOX 5705
City-State-Zip:	SAN CLEMENTE CA 92674-5705

Title	PRESIDENT, DIRECTOR
Name	PURBEY, PRADIP KUMAR
Address	PO BOX 5705
City-State-Zip:	SAN CLEMENTE CA 92674-5705

Title	SECRETARY
Name	PURBEY, PRADIP KUMAR
Address	PO BOX 5705
City-State-Zip:	SAN CLEMENTE CA 92674-5705

*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:** PRADIP KUMAR PURBEY

PRESIDENT

02/01/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date