

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000107094

Entity Name: SONATA HEALTH CARE, LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

301 E. PINE STREET, SUITE 750  
ORLANDO, FL 32801

**New Principal Place of Business:**

301 E. PINE STREET, SUITE 730  
ORLANDO, FL 32801

**Current Mailing Address:**

301 E. PINE STREET, SUITE 750  
ORLANDO, FL 32801

**New Mailing Address:**

301 E. PINE STREET, SUITE 730  
ORLANDO, FL 32801

FEI Number: 26-3743890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRICKLAND, H. BLAINE  
301 E. PINE STREET, SUITE 750  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

ESDEN, SHELLEY  
301 E. PINE STREET, SUITE 730  
ORLANDO, FL 32801 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: SHELLEY ESDEN

01/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEEBEE, STUART PRES  
Address: 1635 LOOKOUT LANDING CIRCLE  
City-St-Zip: WINTER HAVEN, FL 32789

Title: CIO  
Name: MOTTERN, STUART W  
Address: 301 EAST PINE STREET, SUITE 730  
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STUART J. BEEBE

PRES

01/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date