




**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000002326</b>					
1. Entity Name <b>SOVEREIGN HEALTHCARE OF FLORIDA, LLC</b>					
Principal Place of Business <b>SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707</b>			Mailing Address <b>SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707</b>		
2. Principal Place of Business		3. Mailing Address		 01132006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0936335</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN HEALTHCARE MGMT, LLC			NAME	
STREET ADDRESS	101 SUNNYTOWN ROAD, SUITE 201			STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL 32707			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				March 9, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				407-830-5309 Ext. 101	