



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90185 014 \*\*\*\*50.00

<b>DOCUMENT # M03000002328</b>			
1. Entity Name <b>SOVEREIGN HEALTHCARE OF ORLANDO, LLC</b>			
Principal Place of Business <b>205 PRESWICK PARK DRIVE NEWMAN, GA 30265</b>		Mailing Address <b>205 PRESWICK PARK DRIVE NEWMAN, GA 30265</b>	
2. <b>Southern Healthcare Management, LLC</b> <b>101 Sunnyside Road, Ste. 201</b> <b>Casselberry, Florida</b> <b>32707 USA</b>		 02122004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number <b>APPLIED 20-0184937</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC.</b> <b>103 N. MERIDIAN STREET</b> <b>TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOVEREIGN HEALTHCARE, INC. <input type="checkbox"/> Delete 205 PRESWICK PARK DRIVE NEWMAN, GA 30265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 Sunnyside Rd., Ste201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Casselberry, Florida 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Samuel Z. Hagan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		(407) 830-5309 <small>Date Daytime Phone #</small>	