2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2005 08:00 AM Secretary of State

Daytime Phone #

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1. Entity Name

SOVEREIGN HEALTHCARE OF ORLANDO, LLC



Principal Place of Business

SIGNATURE:

Mailing Address

SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707 US SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707 US



DO NOT WRITE IN THIS SPACE

01032005No Chg-LLC CR2E083 (10/03)

| 4. FEI Number 20-0184937 | Applied For Not Applicable |
|----------------------------------|----------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of charlions of registered agent. | nging its registered | d office or registered agent, or bo | oth, in the State of | Florida. I am familiar with, and accept |
|---|---|--|---|--|---|
| SIGNATURE. | = | (NOTE Registered Agent signature required when reinstating) DATE | | | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2005 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE NAME STREET ADDRESS GITY -ST - ZIP | MGRM SOVEREIGN HEALTHCARE, INC. 101 SUNNYTOWN RD., STE 201 CASSELBERRY, FL 32707 | | | <u> </u> | 002 400 07 5-80012-013 50.00 |
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| 11. I hereby indicated limited lis | certify that the information supplied with this filing does not of this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute | ualify for the exem all have the same oute this report as | nption stated in Section 119.07(3) legal effect as if made under oat required by Chapter 608, Florida | i(i), Florida Statut h; that I am a ma Statutes. | es. I further certify that the information maging member or manager of the |

PED OR PRINTED NAME OF SIGNING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE