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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDÍAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

Examiner's Initials

ED

DATE:

07-15-03

REF.#:

0626.17794

CORP. NAME: SOVEREIGN HEALTHCARE OF ORLANDO, LLC

() ARTICLES OF INCORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION			
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME			
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY			
() REINSTATEMENT	() MERGER	() WITHDRAWAL			
() CERTIFICATE OF CANCELLATION	ı	,			
() OTHER:					
		3			
STATE FEES PREPAID W	ITH CHECK# <u>505740</u> Fo	OR \$ <u>155.00</u>			
AUTHORIZATION FOR A	CCOUNT IF TO BE DEBITE	D:			
COST LIMIT: \$					
PLEASE RETURN:					
(XX) CERTIFIED COPY	() CERTIFICATE OF GOOD STAN	DING () PLAIN STAMPED COPY			
() CERTIFICATE OF STATUS					

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATE TRANSACT BUSINESS IN FLORIDA

Sovereign Heal	ithcare of Ori	ando, LLC		
(Name of for	reign limited liabili	ty company)		- <i>y</i> -
Delaware	3	applied fo	r	
Jurisdiction under the law of which foreign limited liabi company is organized)		(FEI number, if app	licable)	
	. 5. <u> </u>	perpetuai	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	
(Date of Organization)	(Duratio	n: Year limited liability of exist or "perpetual	ompany will co	ease to
	ipon filing	:		
(Date first transacted business in Florida	·		55, F.S.)	
205 Pre	swick Park Dri	/ 0		
Newnan	GA	30265		
	dress of principal (
he name and usual business addresses of the	managing mem	, —		0265
The name and usual business addresses of the		bers or managers are		0265
If limited liability company is a manager-mana The name and usual business addresses of the Sovereign Healthcare, Inc. 205 Preswi	managing mem	bers or managers are		0265
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Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING

STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN T STATE OF FLORIDA.				
1. The name of the Limited Liability Company is:				
Sovereign Healthcare of Orlando, LLC				
2. The name and the Florida street address of the registered agent and office are:				
National Corporate Research, Ltd., Inc.				
(Name)				
103 N. Meridian Street				
Florida street address (P.O. Box NOT ACCEPTABLE)				

Having been named as registered agent and to accept service of process for the above stated limited

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liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(City/State/Zip)

Tallahassee

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE DELAWARE, DO HEREBY CERTIFY "SOVEREIGN HEALTHCARE OF ORLANDO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOVEREIGN HEALTHCARE OF ORLANDO, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2514212

DATE: 07-07-03

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