

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002337

FILED
Jan 07, 2010
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE OF PORT ST. LUCIE, LLC

Current Principal Place of Business:

SOVEREIGN HEALTHCARE OF PORT ST. LUCIE LLC
1800 S.E. HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1800 S.E. HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN RD SUITE 201
CASSELBERRY, FL 32707

New Mailing Address:

C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC
101 SUNNYTOWN RD SUITE 201
CASSELBERRY, FL 32707

FEI Number: 20-0186214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NOTERMANN, JOHN J
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

Title: MGR
Name: CRONQUIST, R. MARK
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

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: R. MARK CRONQUIST

MGR

01/07/2010

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