

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002340

FILED
Mar 06, 2007
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE OF ST. AUGUSTINE, LLC

Current Principal Place of Business:

SOUTHERN HEALTHCARE MGMT, LLC
101 SUNNYTOWN RD STE 201
CASSELBERRY, FL 32707

New Principal Place of Business:

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

Current Mailing Address:

SOUTHERN HEALTHCARE MGMT, LLC
101 SUNNYTOWN RD STE 201
CASSELBERRY, FL 32707

New Mailing Address:

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

FEI Number: 20-0185176

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: MGRM () Delete
Name: SOVEREIGN HEALTHCARE, , INC.
Address: 101 SUNNYTOWN RD STE 201
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOVEREIGN HEALTHCARE, HOLDINGS, LLC
Address: 101 SUNNYTOWN RD STE 201
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 AS MGR SOV HCARE HOLD

MGRM

03/06/2007

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