

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # M03000002342**

1. Entity Name  
 SOVEREIGN HEALTHCARE OF MACCLENNY, LLC



Principal Place of Business  
 SOUTHERN HEALTHCARE MGMT, LLC  
 101 SUNNYTOWN RD STE 201  
 CASSELBERRY, FL 32707

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



01032005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0185142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SOVEREIGN HEALTHCARE, INC.
STREET ADDRESS	101 SUNNYTOWN RD STE 201
CITY - ST - ZIP	CASSELBERRY, FL 32707

000000240011  
 02/23/05-80012-017 50.00

**DO NOT WRITE IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Samuel L. Hagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/05

Date

Daytime Phone #