


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M03000002347 1. Entity Name SOVEREIGN HEALTHCARE OF TITUSVILLE, LLC	
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Principal Place of Business SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707 US	Mailing Address SOUTHERN HEALTHCARE MANAGEMENT, LLC 101 SUNNYTOWN ROAD, STE. 201 CASSELBERRY, FL 32707 US
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01032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0186169	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOVEREIGN HEALTHCARE, INC. 101 SUNNYTOWN RD., STE 201 CASSELBERRY, FL 32707
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<p>U00000239996 02/23/05-80012-005 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E. Suga 1/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #