

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002347

**FILED**  
**Mar 06, 2007**  
**Secretary of State**

**Entity Name:** SOVEREIGN HEALTHCARE OF TITUSVILLE, LLC

**Current Principal Place of Business:**

SOUTHERN HEALTHCARE MANAGEMENT, LLC  
101 SUNNYTOWN ROAD, STE. 201  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTHERN HEALTHCARE MANAGEMENT, LLC  
101 SUNNYTOWN ROAD, STE. 201  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:** 20-0186169      **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