

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 004 ****50.00

DOCUMENT # M04000004411 1. Entity Name SOVEREIGN HEALTHCARE OF NEW PORT RICHEY, LLC					
Principal Place of Business 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707			Mailing Address 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN ROAD, LOWER LEVEL TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSTOPOWICZ, WILLIAM 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707 </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William Krystopowicz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-31-05 (404) 256-1918 <small>Date Daytime Phone #</small>		