


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

<b>DOCUMENT # M04000004411</b>					
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	4. FEI Number <b>20-2129246</b>	
				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN ROAD, LOWER LEVEL TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
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	101 Sunnyside Road, Suite 201 Casselberry, Florida 32707	
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	
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>			Date: <b>1-31-05</b> (404) 250-1912		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		