

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006686

FILED
Feb 12, 2007
Secretary of State

Entity Name: SOVEREIGN HEALTHCARE DISBURSEMENTS, LLC

Current Principal Place of Business:

5887 GLENRIDGE DRIVE, SUITE 150
ATLANTA, GA 30328

New Principal Place of Business:

5887 GLENRIDGE DRIVE NE
SUITE 150
ATLANTA, GA 30328

Current Mailing Address:

5887 GLENRIDGE DRIVE, SUITE 150
ATLANTA, GA 30328

New Mailing Address:

5887 GLENRIDGE DRIVE NE
SUITE 150
ATLANTA, GA 30328

FEI Number: 20-5651038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGR () Delete
Name: NOTERMANN, JOHN
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

Title: MGR () Delete
Name: CRONQUIST, R. MARK
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MGR

02/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date