#### **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002337

Entity Name: SOVEREIGN HEALTHCARE OF PORT ST. LUCIE, LLC

FILED
Apr 14, 2020
Secretary of State
6853659476CC

### **Current Principal Place of Business:**

1800 S.E. HILLMOOR DRIVE PORT ST. LUCIE. FL 34952

#### **Current Mailing Address:**

101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY. FL 32707 US

FEI Number: 20-0186214 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 US

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

## Authorized Person(s) Detail:

Title MANAGER, (MANAGER-MANAGED)

Name SOUTHERN HEALTHCARE

MANAGEMENT, LLC

Address 101 SUNNYTOWN ROAD

SUITE 201

City-State-Zip: CASSELBERRY FL 32707

SIGNATURE: NORMA ALEXANDER

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED SIGNER

04/14/2020

Date