

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002611

**Entity Name:** SOUTHERN HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

101 SUNNYTOWN ROAD  
SUITE 201  
CASSELBERRY, FL 32707

**Current Mailing Address:**

5887 GLENRIDGE DRIVE NE  
SUITE 150  
ATLANTA, GA 30328

**FEI Number:** 20-0229331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH,LTD.,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  
Name           NOTERMANN, JOHN J  
Address        101 SUNNYTOWN ROAD  
                  SUITE 201  
City-State-Zip: CASSELBERRY FL 32707

Title           MANAGER  
Name           CRONQUIST, R. MARK  
Address        101 SUNNYTOWN ROAD  
                  SUITE 201  
City-State-Zip: CASSELBERRY FL 32707

*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.*

**SIGNATURE:** R. MARK CRONQUIST

**MANAGER**

**01/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date