

**2023 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:**

600 EMBASSY ROW, SUITE 500  
ATLANTA, GA 30328 US

**FEI Number:** 20-0229331

**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           DIRECTOR  
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:** CRONQUIST , R. MARK

**DIRECTOR**

**03/07/2023**

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

\_\_\_\_\_  
Date