

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003935

Entity Name: SOUTHERN HEALTHCARE MANAGEMENT II, LLC

Current Principal Place of Business:

C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC
6600 PEACHTREE DUNWOODY ROAD BUILDING 600, SUITE 500
ATLANTA, GA 30328

Current Mailing Address:

C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC
6600 PEACHTREE DUNWOODY ROAD BUILDING 600, SUITE 500
ATLANTA, GA 30328 US

FEI Number: 20-0411355

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
Name CRONQUIST, R. MARK
Address C/O SOUTHERN HEALTHCARE
MANAGEMENT, LLC
6600 PEACHTREE DUNWOODY ROAD
BUILDING 600, SUITE 500
City-State-Zip: ATLANTA GA 30328

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

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date