2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2013
Secretary of State
CC3816530025

DOCUMENT# M03000003935

Entity Name: SOUTHERN HEALTHCARE MANAGEMENT II, LLC

Current Principal Place of Business:

C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC
5887 GLENRIDGE DRIVE, SUITE 150
ATLANTA, GA 30328

Current Mailing Address:

C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC
5887 GLENRIDGE DRIVE, SUITE 150
ATLANTA, GA 30328 US

FEI Number: 20-0411355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD, INC.
155 OFFICE PLAZA DRIVE
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	Title	MANAGER
Name	NOTERMANN, JOHN J	Name	CRONQUIST, R. MARK
Address	C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC 5887 GLENRIDGE DRIVE, SUITE 150	Address	C/O SOUTHERN HEALTHCARE MANAGEMENT, LLC 5887 GLENRIDGE DRIVE, SUITE 150
City-State-Zip:	ATLANTA GA 30328	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R. MARK CRONQUIST MANAGER 01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date