

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006686

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC6184540478**

**Entity Name:** SOVEREIGN HEALTHCARE DISBURSEMENTS, 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 US

**FEI Number:** 20-5651038

**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  
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**

**01/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date