

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500009289

**Entity Name:** SOVEREIGN HEALTHCARE HOLDINGS, LLC

**Current Principal Place of Business:**

5887 GLENRIDGE DRIVE, SUITE 150  
ATLANTA, GA 30328

**Current Mailing Address:**

101 SUNNYTOWN ROAD, SUITE 201  
CASSELBERRY, FL 32707 US

**FEI Number:** 20-0101170

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
115 NORTH CALHOUN STREET, 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	MGR	Title	MGR
Name	NOTERMANN, JOHN J	Name	CRONQUIST, R.MARK
Address	5887 GLENRIDGE DRIVE, SUITE 150	Address	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** R.MARK CRONQUIST

**MANAGER**

**05/03/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date