LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021780

1. Entity Name

ROYAL OAK LESSOR/LLC

DO NOT WRITE IN THIS SPACE

B00495564

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Health Services Management Inc.	Health Services Management Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
745 South Church St. Ste. 301	745 South Church St. Ste 301
City & State	City & State
Murfreesboro TN	Murfreesboro TN
Zip 37130	Country	Zip 37130	Country

4. FEI Number 62-1882435 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) 526 E Park Ave.

City Tallahassee FL Zip Code 32301

DO NOT WRITE IN THIS SPACE

8. 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 _Mark H_ MARK HUNTER 2-12-02

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	P	TITLE	
NAME	Sweeney, Preston	NAME	
STREET ADDRESS	c/o 745 S. Church St. Ste 301	STREET ADDRESS	
CITY-ST-ZIP	Murfreesboro TN 37130	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	Bell, Eric	NAME	
STREET ADDRESS	c/o 745 S. Church St. Ste 301	STREET ADDRESS	
CITY-ST-ZIP	Murfreesboro TN 37130	CITY-ST-ZIP	
TITLE	ADM.	TITLE	
NAME	Hunter, mark	NAME	
STREET ADDRESS	37300 Royal Oak Ln.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Dade City FL 33525	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _Mark H_ MARK HUNTER 2-12-02 (352) 567-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #