

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90103 049 \*\*\*\*\*50.00

0070610

**DOCUMENT # L01000021780**

1. Entity Name

**ROYAL OAK LESSOR/LLC**



Principal Place of Business

**HEALTH SERVICES MGMT INC  
745 SOUTH CHURCH ST STE 301  
MURFREESBORO TN 37130**

Mailing Address

**1511 AVON  
MURFREESBORO TN 37129**

2. Principal Place of Business

**1511 Avon Street**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1398**

Suite, Apt. #, etc.

City & State

**Murfreesboro TN**

Zip  
**37129**

Country

City & State

**Murfreesboro TN**

Zip

**37133-1328**

Country

4. FEI Number

**62-1852435**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SWEENEY, PRESTON</b>	
STREET ADDRESS	<b>C/O 745 CHURCH ST STE 301</b>	
CITY-ST-ZIP	<b>MURFREESBORO TN 37130</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELL, ERIC</b>	
STREET ADDRESS	<b>C/O 745 S CHURCH ST STE 301</b>	
CITY-ST-ZIP	<b>MURFREESBORO TN 37130</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MUNTER, MARK</b>	
STREET ADDRESS	<b>37300 ROYAL OAK LN</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>Sole Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Care Foundation of America, Inc.</b>	
STREET ADDRESS	<b>1511 Avon Street</b>	
CITY-ST-ZIP	<b>Murfreesboro TN 37129</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

**SIGNATURE REQUIRED**

**John B. Morton, President 4/3/03**

**615-890-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)