2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000043453

Entity Name: ROYAL PALM MEDICAL, LLC

Current Principal Place of Business:

4310 N. A1A, UNIT 1201
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

4310 N. A1A, UNIT 1201
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 20-4776710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A ESQ.
3339 CARDINAL DRIVE, SUITE 200
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

WIK, ALLISON
4310 N. A1A #1201
FT. PIERCE, FL 34949 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: ALLISON WIK 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS. ( ) Change (X) Addition
Name: ALLISON, WIK PRES.
Address: 4310 N. A1A #1201
City-St-Zip: FT. PIERCE, FL 34949 US

Title: MR. ( ) Change (X) Addition
Name: JEFFREY, WIK SEC.&TR
Address: 4310 N. A1A #1201
City-St-Zip: FT. PIERCE, FL 34949 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ALLISON B WIK PRES 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date