2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L05000043453

Entity Name: ROYAL PALMS 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:

WIK, ALLISON
4310 N. A1A #1201
FT. PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 WIK PRES 02/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date