

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000077677

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ROYAL HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

1737 PLANTATION CIRCLE  
PALM BAY, FL 32909

**New Principal Place of Business:**

8085 S. BABCOCK ST.  
PALM BAY, FL 32909

**Current Mailing Address:**

1737 PLANTATION CIRCLE  
PALM BAY, FL 32909

**New Mailing Address:**

8085 S. BABCOCK ST.  
PALM BAY, FL 32909

**FEI Number:** 45-2685645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRINCE, CORALIE  
1737 PLANTATION CIRCLE  
PALM BAY, FL 32909 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: MGRM  
Name: PRINCE, CORALIE  
Address: 1737 PLANTATION CIRCLE  
City-St-Zip: PALM BAY, FL 32909

Title: MGRM  
Name: DONTINENI, SRINIVAS M.D.  
Address: 6047 INDIGO CROSSING DR.  
City-St-Zip: ROCKLEDGE, FL 32940

I hereby 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: CORALIE PRINCE

MGR

04/30/2012

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