

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-12-2005 90027 005 ****50.00

DOCUMENT # L94000000335					
1. Entity Name ROYAL PALM MEDICAL CENTER, L.C.					
Principal Place of Business 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411			Mailing Address 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0501184	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMERLINCK BOB 1119 ROYAL PALM BCH. BLVD WEST PALM BEACH, FL 33411			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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pres <input type="checkbox"/> Delete STECHSCHULTE, WILLIAM M.D. 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Delete STECHSCHULTE, WILLIAM M.D. 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Delete HUGHES MEDICAL-MANAGEMENT, INC. 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hatter Management, Inc. 250 S. Central Blvd. #204 Jupiter, FL 33458				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ 1/5/05 561-790-2876					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					