

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 027 ****50.00

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01182006 Chg-LLC CR2E083 (11/05)

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		
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 signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STECHSCHULTE, WILLIAM M.D. 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stechschulte, William D.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAITE F MANAGEMENT, INC 250 S CENTRAL BLVD STE 204 JUPITER, FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Taiter Management, Inc <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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:			Date 1/20/06 Daytime Phone # 561-790-2876		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					