

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90030 039 ****50.00

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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 - No P.O. Box #

1410 Royal Palm Beach Blvd

Suite, Apt. #, etc.

Suite A

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Address

1410 Royal Palm Bch Blvd

Suite, Apt. #, etc.

Suite A

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0501184

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 Camerlinck, Robert D

Street Address (P.O. Box Number is Not Acceptable)

1410 Royal Palm Beach Blvd

Suite A

City Royal Palm Beach

FL

Zip Code

33411

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME STECHSCHULTE, WILLIAM D.O.
STREET ADDRESS 1119 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 ☐ Delete

TITLE MGR
NAME TAITER MANAGEMENT, INC.
STREET ADDRESS 250 S CENTRAL BLVD STE 204
CITY-ST-ZIP JUPITER, FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE P
NAME Stechschulte, William D.O. ☒ Change ☐ Addition
STREET ADDRESS 1410 Royal Palm Bch Blvd
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ~~TAITER~~
NAME ~~TAITER MANAGEMENT, INC.~~ ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert Camerlinck

Date

1/8/07

Daytime Phone #

5617902876