

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L94000000335

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** ROYAL PALM MEDICAL CENTER, LLC

**Current Principal Place of Business:**

1410 ROYAL PALM BEACH BLVD  
SUITE A  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 S. CENTRAL BOULEVARD  
SUITE 207  
JUPITER, FL 33458 US

**New Mailing Address:**

**FEI Number:** 65-0501184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMERLINCK, ROBERT  
1410 ROYAL PALM BEACH BLVD  
SUITE A  
ROYAL PALM BEACH, FL 33411 US

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

CAMERLINCK, ROBERT D  
250 S. CENTRAL BOULEVARD  
SUITE 207  
JUPITER, FL 33458 US

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: ROBERT D. CAMERLINCK

03/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: STECHSCHULTE, WILLIAM D.O.  
Address: 1410 ROYAL PALM BEACH BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR  
Name: TAITER MANAGEMENT, INC.  
Address: 250 S CENTRAL BLVD STE 207  
City-St-Zip: JUPITER, FL 33458

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: ROBERT D. CAMERLINCK

MGR

03/28/2012

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