

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90012 019 \*\*\*\*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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERLINCK, BOB  
1119 ROYAL PALM BCH. BLVD  
WEST PALM BEACH FL 33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGR	STECHSCHULTE, WILLIAM M.D.	1119 ROYAL PALM BEACH BLVD.	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	STECHSCHULTE, WILLIAM M.D.	1119 ROYAL PALM BEACH BLVD.	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	HUGHES MEDICAL MANAGEMENT, INC.	1119 ROYAL PALM BEACH BLVD.	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

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

1/31/03

Date

Daytime Phone #

CR2E083 (10/02)