File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



FILED SECRETARY OF STATE

ANNUAL REPORT 1998			Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS				DIVISION OF CORPORATIONS 98 MAY 13 PM 1: 13				
FIL/NG FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							90	S MAY 13	PM I:	13	
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000213											
R.G. ROY HOSPITAL AND SPECIAL MANAGEMENT SERVICES, LLC 2741 N.E. 31ST COURT ATTN: DR. ROBERT G. ROY LIGHTHOUSE POINT FL 33064							S 1a. Principal Place of Business Address 2741 N.E. 31ST COURT ATTN: DR. ROBERT G. ROY LIGHTHOUSE POINT FL 33064				
2. Princip	el Place of Business	2a. Mailin	2a. Mailing Address				3. Date Organize			of Formation	
Suite, Apt	. #, etc.	Suite, Apt	Suite, Apt. #, etc.				1 02/20/1997 FL Applied For				
City & Sta	te	City & Sta	City & State				65-073		Not Applicable 6. Certificate of Status Desired		
Zip	Country	Zip		Countr	у		5. Date of Last R	ероп		ate of Status I Ironal Fee Requ	
7. Name and Address of Current Registered				•		B. N	Name and Address of New Registered Agent/Office				
					Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. -05/14/9801125003 ****188.75 City FL bove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment						
SIGNATU	JRE(Registered Agent Accepting		DATE			·					
10. Title Managing Members/Managers			Business Street Address					City, State and Zip Code			
MEM MEM	ROY, ROBERT G ROY, KAREN S		1		31ST 31ST					POINT POINT	
•											

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURI AND TYPED ON PRINTED NAMEDER SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #