

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/30



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L97000000213**

1. Entity Name
R.G. ROY HOSPITAL AND SPECIAL MANAGEMENT SERVICE

Principal Place of Business 2741 N.E. 31ST COURT ATTN: DR. ROBERT G. ROY LIGHTHOUSE POINT FL 33064	Mailing Address 2741 N.E. 31ST COURT ATTN: DR. ROBERT G. ROY LIGHTHOUSE POINT FL 33064-8545
--	---

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 **65-0734484** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHS, JEFFREY S ESQ
1177 SE 3RD AVE
FORT LAUDERDALE FL 33316**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		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
MEM ROY, ROBERT G 2741 N.E. 31ST COURT LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>		
MEM ROY, KAREN S 2741 N.E. 31ST COURT LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

400003195924--6
-04/04/00--01099--012
*****50.00 *****50.00

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 REKAREN ROY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/00 *954 785 3428*
Date Daytime Phone #

CR2E083 (9/99)