

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90016 049 ****50.00

DOCUMENT # L97000000213

1. Entity Name

**R.G. ROY HOSPITAL AND SPECIAL MANAGEMENT
SERVICES, LLC**



Principal Place of Business

2741 N.E. 31ST COURT
ATTN: DR. ROBERT G. ROY
LIGHTHOUSE POINT FL 33064

Mailing Address

249 ROYAL PALM WAY
STE 501
PALM BEACH FL 33480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

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

WHITMIRE, DRENNEN L JR
HALLE, SHAW & PFAFFENBERGER P.A.
249 ROYAL PALM WAY STE 501
PALM BEACH FL 33480

Name

Drennen L. Whitmire, Jr.

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

Haile, Shaw & Pfaffenberger, P.A.

660 U.S. Highway One, Third Floor

City

North Palm Beach

FL

Zip Code

33408

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, hand or printed name of registered agent available if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete
NAME ROY, ROBERT G.
STREET ADDRESS 2741 N.E. 31ST COURT
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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

TITLE MEM ☐ Delete
NAME ROY, KAREN S
STREET ADDRESS 2741 N.E. 31ST COURT
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

4.10.06 561.4345700