

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000213

**FILED  
Apr 13, 2010  
Secretary of State**

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

**Current Principal Place of Business:**

3417 NORTHEAST 30TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3417 NORTHEAST 30TH AVENUE  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 65-0734484      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WHITMIRE, DRENNEN L JR  
HAILE, SHAW & PFAFFENBERGER P.A.  
660 US HIGHWAY ONE, 3RD FLR  
NORTH PALM BEACH, FL 33408 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROY, ROBERT G  
Address: 3417 NORTHEAST 30TH AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGR  
Name: ROY, KAREN S  
Address: 3417 NORTHEAST 30TH AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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 G. ROY

MGR

04/13/2010

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