SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 12:05

DOCUMENT # **M08601** **(0)**

1. Corporation Name

ROYAL HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
18425 NW 2ND AVE STE. 355 MIAMI FL 33169 US	18425 NW 2ND AVE STE. 355 MIAMI FL 33169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/05/1994**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2475027** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. (Name Reservation Fee) ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, WILMA
18425 NW 2ND AVE
STE. 355
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS, CHANGES	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILMA	12 NAME	
STREET ADDRESS	4501 S.W. 43RD AVENUE	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHAYKIN, LOUIS, DR.	22 NAME	Delete
STREET ADDRESS	2040 NW 163 ST.,#201	23 STREET ADDRESS	
CITY ST ZIP	N.MIAMI BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WEISS, RICHARD	32 NAME	Delete
STREET ADDRESS	1400 NE MIAMI GARDENS DR	33 STREET ADDRESS	
CITY ST ZIP	N MIAMI BCH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LERER, SOLOMON DR.	42 NAME	Delete
STREET ADDRESS	2601 PT. E. DR.	43 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME	Sock Smith SP	52 NAME	
STREET ADDRESS	4501 SW 43 Avenue	53 STREET ADDRESS	
CITY ST ZIP	Ft Lauderdale, FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilma D Smith Pres. 6/9/95 (305) 652-3311
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Wilma D. Smith

0000039 CP