

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04992

FILED  
Mar 21, 2008  
Secretary of State

**Entity Name:** ROYAL PALM PROFESSIONAL CENTER II, INC.

**Current Principal Place of Business:**

2240 W. 1ST ST.  
#100  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

2240 W. 1ST ST.  
#100  
FORT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 59-2508395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HULETTE, CAROLYN M  
2240 W. 1ST ST  
#100  
FORT MYERS, FL 33901 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

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: PARKER, CHRIS  
Address: 15521 BLACKHAWK DR.  
City-St-Zip: FORT MYERS, FL 33912

Title: S/T ( ) Delete  
Name: PIZZUTTI, JERARD  
Address: 2148 N PARKWAY DR.  
City-St-Zip: COLUMBUS, OH 43221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS PARKER

PRES

03/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date