

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039034

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ROYAL HEALTH CARE, INC.

## Current Principal Place of Business:

8400 N. UNIVERSITY DR,  
SUITE 213  
TAMARAC, FL 33321 US

## New Principal Place of Business:

## Current Mailing Address:

8400 N UNIVERSITY DR,  
SUITE 213  
TAMARAC, FL 33321 US

## New Mailing Address:

8400 N. UNIVERSITY DR,  
SUITE 213  
TAMARAC, FL 33321 US

FEI Number: 65-1095706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, JEWELL  
8400 N UNIVERSITY DR,  
SUITE 213  
TAMARAC, FL 33321 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR, SUITE 213  
City-St-Zip: TAMARAC, FL 33321 US

Title: MS. ( ) Delete  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR. SUITE213  
City-St-Zip: TAMRAC, FL 33321 US

Title: MS. ( ) Delete  
Name: LEWIS, JEWELL  
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City-St-Zip: TAMRAC, FL 33321 US

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City-St-Zip: TAMRAC, FL 33321 US

Title: MS. ( ) Delete  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR. SUITE 213  
City-St-Zip: TAMRAC, FL 33321 US

Title: MS.. (X) Delete  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR. SUITE 213  
City-St-Zip: TAMRAC, FL 33321 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR, SUITE 213  
City-St-Zip: TAMARAC, FL 33321 US

Title: VP (X) Change ( ) Addition  
Name: LEWIS, ANGELLEN O  
Address: 8400 N. UNIVERSITY DR. SUITE213  
City-St-Zip: TAMRAC, FL 33321 US

Title: T (X) Change ( ) Addition  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR. SUITE 213  
City-St-Zip: TAMRAC, FL 33321 US

Title: S (X) Change ( ) Addition  
Name: LEWIS, JEWELL  
Address: 8400 N. UNIVERSITY DR. SUIITE 213  
City-St-Zip: TAMRAC, FL 33321 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEWELL LEWIS

Electronic Signature of Signing Officer or Director

P

04/27/2009

Date