

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039034

Entity Name: ROYAL HEALTH CARE, INC.

FILED
Apr 28, 2010
Secretary of State

Current Principal Place of Business:

8400 N. UNIVERSITY DR.
TAMARAC, FL 33321 US

New Principal Place of Business:

8400 N. UNIVERSITY DR.
SUITE 209
TAMARAC, FL 33321 US

Current Mailing Address:

8400 N. UNIVERSITY DR.
TAMARAC, FL 33321 US

New Mailing Address:

8400 N. UNIVERSITY DR.
SUITE 209
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, ANGELLENE
6190 WOODLANDS BLVD., #306
TAMARAC, FL 33319 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: P
Name: LEWIS, ANGELLENE
Address: 8400 N. UNIVERSITY DR, SUITE 213
City-St-Zip: TAMARAC, FL 33321 US

Title: VP
Name: LOWE, KENNETH
Address: 8400 N. UNIVERSITY DR. SUITE 209
City-St-Zip: TAMARAC, FL 33321 US

Title: T
Name: LOWE, KENNETH
Address: 8400 N. UNIVERSITY DR. SUITE 209
City-St-Zip: TAMARAC, FL 33321 US

Title: S
Name: LOWE, KENNETH
Address: 8400 N. UNIVERSITY DR. SUITE 209
City-St-Zip: TAMARAC, FL 33321 US

I hereby 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 all other like empowered.

SIGNATURE: ANGELLENE LEWIS

MS

04/28/2010

Electronic Signature of Signing Officer or Director

Date