6/16/2002-90696-

FILED
Aug 21, 2002 8:00 am
Secretary of State
06-16-2002 90696 049 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098998

1. Entity Name
ROYA MEDICAL CENTER INC.

Principal Place of Business	Mailing Address
~~545 W. GRANADA BLVD.~~ ORMOND BEACH FL 32174	~~545 W. GRANADA BLVD.~~ ORMOND BEACH FL 32174

41886

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
73 W. GRANADA BLVD		73 W. GRANADA BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 593751257 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BONNETT, RAMINE~~	Name: Bonnet, Ramin D
~~545 W. GRANADA BLVD.~~	Street Address (P.O. Box Number is Not Acceptable): 73 W. GRANADA BLVD
ORMOND BEACH FL 32174	City: FL Zip Code

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BONNETT, RAMINE~~ ~~545 W. GRANADA BLVD.~~ ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bonnet, RAMIN D. 73 W. ~~GRANADA BLVD~~ GRANADA Blvd	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 6-9-02 386-673-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #