



FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P01000098998				Apr 09, 2008 08:00 Secretary of State	
1. Entity Name ROYA MEDICAL CENTER INC.					
Principal Place of Business 26 BEACH ST SUITE A ORMOND BEACH, FL 32174		Mailing Address 26 BEACH ST SUITE A ORMOND BEACH, FL 32174			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-3751257	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONNETT, RAMINE 26 BEACH ST SUITE A ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P BONNETT, RAMINE 26 BEACH ST, STE A ORMOND BEACH, FL 32174			UN00000897183 04/21/08-80009-018 150.00		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					