2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P01000098998 **DOCUMENT #** 1. Entity Name

ROYA MEDICAL CENTER INC.



Secretary of State 02-25-2003 90133 048 ***150.00

FILED

Feb 25, 2003 8:00 am

Principal Place of Business 73 W GRANADA BLVD ORMOND BEACH FL 32174

Mailing Address 73 W GRANADA BLVD ORMOND BEACH FL 32174

2. Principal Place of Business Beach Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

59-3751257

7. Name and Address of New Registered Agent

Country

5. Certificate of Status Desired

4. FEI Number

Not Applicable \$8.75 Additional

Applied For

Name and Address of Current Registered Agent

or printed name of registered agent and title if applicable

BONNETT, RAMINE 73 W GRANADA BLVD ORMOND BEACH FL 32174

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

SIGNATURE A

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME BONNETT, RAMINE Addition NAME STREET ADDRESS 73 WGRANADA BLVD STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL-32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #