2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097523



FILED Apr 28, 2004 8:00 am

1. Entity Name ROYAL MEDICAL GROUP INC.				Secretary of State 04-28-2004 90190 004 ***150.00
Principal Place 8102 KENDE TAMPA, FL 3	LWICK CT.	Mailing Address 8102 KENDELWICK CT. TAMPA, FL 33647		-
	lace of Business 6-Golden-Processie	3. Mailing Address	DEN-Prair	
Suite, Apt.		Suite, Apt. #, etc.	DEN HAIT	04252004 Chg-P CR2E034 (10/03) -
	MOA FL	City & State TAMPA		4. FEI Number 73 - 1679902 Applied For Not Applicable
Zip 3 3	647 Country S.A	33647	Country	5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGBELI, CHRISTIAN C 8102 KENDELWICK CT. TAMPA, FL '33647 City TAMPA City TAMPA City TAMPA TAMPA				
8. The above named entity submits this statement for the purpose of manging 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 Signature, typed or printed fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when refirstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550:00 9. Election Campaign Financing \$5.00 May Be Added to Fees — Added to Fees — — — — — — — — — — — — — — — — — —				
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGBELI, CHRISTIAN C 8102 KENDELWICK CT. TAMPA, FL 33647	T Delete	NAME STREET ADDRESS	AGBELL, CHRISTIAN C Achange Addition 8386 GOLDED PRAIRLE DR TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J BEN-ACQUAAH, JULIUS 8102 KENDELWICK CT. TAMPA, FL 33647	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEUDONNE, JEAN 8102 KENDELWICK CT. TAMPA, FL 33647	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a a care a care a ca	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information subplied with this diling 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 feport is trife 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 of trustee empowered of 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: CTM (STIPW C AGBEL) RENGULT - CTM (STIPW C) AGBEL - CTM (STIPW C)				
SIGNATURE: SIGNATURE AND TYPHED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Delytime Phone #				