

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 039 \*\*\*150.00

40097462



<b>DOCUMENT # P04000166151</b> 1. Entity Name <b>R.M.R. HEALTHCARE FACILITIES CONSULTING, INC.</b>					
Principal Place of Business <b>6614 W RICHARD DR SPRING HILL, FL 34607</b>			Mailing Address <b>6614 W RICHARD DR SPRING HILL, FL 34607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number <b>20-2667402</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, LEROY E 6614 W RICHARD DR SPRING HILL, FL 34607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>ROBINSON, LEROY E</b> <b>6614 W RICHARD DR</b> <b>SPRING HILL, FL 34607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>ROBINSON, GAIL A</b> <b>6614 W RICHARD DR.</b> <b>SPRING HILL, FL 34607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>April 19, 2006</b> Daytime Phone # <b>352-797-9880</b>		

ATTACHMENT

40097462

#P04000166151

**R.M.R. HEALTHCARE FACILITIES CONSULTING, INC.**

**6614 W RICHARD DRIVE  
WEEKI WACHEE, FL 34601**

June 26, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Corporation Annual Report for R.M.R. Healthcare Facilities Consulting, Inc.**

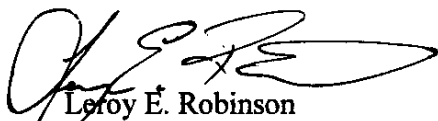
**DOCUMENT #P04000166151**

To Whom It May Concern:

I called your office on 6/26/06 to find out if you received the check that we sent on April 19, 2006, as it had not cleared our bank account. You informed us that you did not have a record of the check. You instructed us to send in a copy of the Annual Report Form, along with a new check. Please find the new check, enclosed with a copy of the Report Form. We are also requesting that the late fee not be applied, as the initial check was mailed in a timely manner.

Thank you for your help in this matter.

Sincerely,



Leroy E. Robinson  
President

Enc.