

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161062

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ROYAL PALM INTERNISTS, P.A.

## Current Principal Place of Business:

15340 JOG ROAD SUITE 202  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

15340 JOG ROAD SUITE 202  
SUITE 202  
DELRAY BEACH, FL 33446

## Current Mailing Address:

15340 JOG ROAD  
SUITE 202  
DELRAY BEACH, FL 33484

## New Mailing Address:

15340 JOG ROAD  
SUITE 202  
DELRAY BEACH, FL 33446

FEI Number: 56-2547040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARTINEZ, GLADYS D.O.  
Address: 15340 JOG ROAD SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: FIGUERA, CHRISTINA M.D.  
Address: 15340 JOG ROAD SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: MARTINEZ, GLADYS D.O.  
Address: 15340 JOG ROAD SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33446

Title: DR (X) Change ( ) Addition  
Name: FIGUERA, CHRISTINA M.D.  
Address: 15340 JOG ROAD SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS R. MARTINEZ

DR

04/20/2009

Electronic Signature of Signing Officer or Director

Date