

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060984  
 Entity Name  
**ROYAL PALM HEALTH CENTER, INC.**

FILED  
 00 MAR 13 PM 12:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 380 SW 40TH STREET      570 NW 109TH AVE  
 SUITE #316      UNIT #5  
 MIAMI FL 33175      MIAMI FL 33172-3717  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 # 316      # 316

City & State      City & State      4. FEI Number      Applied For  
 MIAMI FL 33175      MIAMI FL 33175      65-0601014      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LLANES, FRANKLIN A  
 8357 W FLAGLER ST SUITE 430  
 MIAMI FL 33144

7. Name and Address of New Registered Agent  
 Name LLANES, FRANKLIN A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 11880 SW 40 ST #316  
 City MIAMI FL Zip Code 33175

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: *[Signature]*      DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| NAME                 | STREET ADDRESS        | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|----------------------|-----------------------|----------------|---------------------------------|
| D LLANES, FRANKLIN A | 570 NW 109 AVE UNIT 5 | MIAMI FL 33172 | <input type="checkbox"/>        |
|                      |                       |                | <input type="checkbox"/>        |
|                      |                       |                | <input type="checkbox"/>        |
|                      |                       |                | <input type="checkbox"/>        |
|                      |                       |                | <input type="checkbox"/>        |
|                      |                       |                | <input type="checkbox"/>        |

| TITLE | NAME                 | STREET ADDRESS      | CITY-ST-ZIP    | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|---------------------|----------------|---------------------------------|-----------------------------------|
| P, D  | L LANES, FRANKLIN A. | 11880 SW 40 ST #316 | MIAMI FL 33175 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                      |                     |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                      |                     |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                      |                     |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                      |                     |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                      |                     |                | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      Date: 1/17/00      Daytime Phone #: 305 229-1660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN LLANES

CR2E034 (9/99)

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