


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
9845 SW 40 ST      9845 SW 40 ST  
MIAMI, FL 33165-3993 US      STE #316  
MIAMI, FL 33165-3993 US



**DO NOT WRITE IN THIS SPACE**

04262005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0601014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LLANES, FRANKLIN A  
11880 SW 40TH STREET  
STE #316  
MIAMI, FL 33175

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LLANES, FRANKLIN A
STREET ADDRESS	11880 SW 40TH STREET #316
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000347409  
04/30/05-80115-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address with another like empowered.

SIGNATURE: \_\_\_\_\_      4/26/05 (305) 649-7128      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR