2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060984

Entity Name: ROYAL PALM HEALTH CENTER, INC.

FILED Apr 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% 11880 SW 40 STREET, SUITE 301 11880 SW 40 STREET, SUITE 301 MIAMI, FL 33175 US

MIAMI, FL 33175 US

Current Mailing Address: New Mailing Address:

% 11880 SW 40 STREET, SUITE 301 11880 SW 40 STREET, SUITE 301

MIAMI, FL 33175 US MIAMI, FL 33175 US

FEI Number: 65-0601014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LLANES, FRANKLIN A MD 11880 SW 40 STREET, SUITE 301 MIAMI, FL 33175 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRFS (X) Change () Addition LLANES, FRANKLIN A MD Name: Name: LLANES, FRANKLIN A MD

9845 SW 40 ST Address: 11880 SW 40 STREET, SUITE 301 Address:

City-St-Zip: MIAMI, FL 331653993 US City-St-Zip: MIAMI, FL 33175 US

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: FRANKLIN A. LLANES, M.D. **PRES** 04/06/2008