

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022278

1. Entity Name

ROYALE MEDICAL-LEGAL NURSE CONSULTANTS, INC.

Principal Place of Business

18411 NW 24TH AVENUE
MIAMI FL 33056-3242

Mailing Address

18411 NW 24TH AVENUE
MIAMI FL 33056-3242

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, YVONNE
18411 NW 24TH AVENUE
MIAMI FL 33056-3242

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, YVONNE
18411 NW 24TH AVENUE
MIAMI FL 33056-3242



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BONITTO, ESMIE
192 NE 124TH STREET
MIAMI FL 33161



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMSINGH, ANGELA
192 NE 124TH STREET
MIAMI FL 33161



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRICE, ROSE
7817 WEST MERIDIAN STREET
MIRAMAR FL 33023



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, WYRLENE
2417 NW 43RD STREET
MIAMI FL 33142-4547



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
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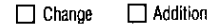
TITLE
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STREET ADDRESS
CITY-ST-ZIP



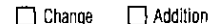
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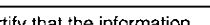
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 (30)
948-9235
Daytime Phone #

CR2E034 (10/00)