## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041745 (5)

ROYAL MEDICAL CONSULTANTS, INC.

Principal Place of Business Mailing Address
16 BOOTH BLVD. 16 BOOTH BLVD.

## FILED Feb 27 1998 8:00am Secretary of State



16 BOOTH BI SAFETY HAR	LVD. BOR FL 34695	16 BOOTH BLVD. SAFETY HARBOR FL 3469	95	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  05/07/1997	S SPACE
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 25400	US Hwy. 19 N.	26 25400 US F	lwv. 19 N.	59-3423744	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		- <del> </del>	)	Certificate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 Clear	water, FL Country	28 Clearwate		Trust Fund Contribution	Added to Fees
24 33763		Zip 29 22763	Country 30 USA	8. This corporation owes or has paid the co	urrent year Intangible
9. Name and Address of Current Registered Agent			30 057	Personal Property Tax due June 30.  10. Name and Address of New Registered	
ROSATI, ALBERT R 16 BOOTH BLVD. SAFETY HARBOR FL 34695				ddress (P.O. Box Number is Not Acceptable) US Hwy. 19 N., Ste.	# 190   85   Zip Code   33763
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agent	and title Lapp's able (NOTE	Registered Agent signature rec	quired when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	President	☐ DELETE	1.1 TITLE		Change Addition
NAME	Albert R. Rosati		1.2 NAME		
STREET ADDRESS	25400 US Hwy. 19	N., #190	1.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 3		1.4 CfTY+ST-ZiP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME BYDEET ADDRESS			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-21P TITLE		DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE		Change Addition
NAME					Cuarde Chyonnor
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		El Atlanto El Miditibil
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP					l
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TOLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP					
UIII-91-4W	and the state of t	113-41	6.4 CITY-ST-ZIP		

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 12 or Block 13 if changed or of an attachment with an address.

CICNIATURE

21/98 813-11-08/

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