

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041745

1. Entity Name

ROYAL MEDICAL CONSULTANTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90084 049 ***150.00

Principal Place of Business 25400 US HWY 19 N SUITE 190 CLEARWATER FL 33763 US	Mailing Address 25400 US HWY 19 N SUITE 190 CLEARWATER FL 33763-2143 US
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2. Principal Place of Business 25400 US Hwy. 19 N. Suite, Apt. #, etc. Ste. # 112 City & State Clearwater, FL Zip 33763	3. Mailing Address 25400 US Hwy. 19 N. Suite, Apt. #, etc. Ste. #112 City & State Clearwater, FL Zip 33763	Country USA	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3423744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSATI, ALBERT R 25400 US HWY 19 N SUITE 190 CLEARWATER FL 33763

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 25400 US Hwy 19 N., Suite #112 City Clearwater FL Zip Code 33763

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSATI, ALBERT R		NAME Rosati, Albert R.	
STREET ADDRESS 25400 US HWY 19 N SUITE 190		STREET ADDRESS 25400 US Hwy. 19 N., Suite #112	
CITY-ST-ZIP CLEARWATER FL 33763		CITY-ST-ZIP Clearwater, FL 33763	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:	1/24/2000	727-712-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)