


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90157 028 \*\*\*150.00

<b>DOCUMENT # P97000041745</b>	
1. Entity Name ROYAL MEDICAL CONSULTANTS, INC.	

Principal Place of Business 25400 US HWY 19 N SUITE # 112 CLEARWATER, FL 33763 US	Mailing Address 25400 US HWY 19 N SUITE # 112 CLEARWATER, FL 33763 US
--	--

**50019323**



2. Principal Place of Business 3684 Tampa Road Suite, Apt. #, etc. Suite 5 City & State Oldsmar, FL Zip 34677 Country U.S.	3. Mailing Address P.O. Box 2067 Suite, Apt. #, etc. City & State Oldsmar, FL Zip 34677 Country U.S.
---	--

02222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3423744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSATI, ALBERT R 25400 US HWY 19 N SUITE # 112 CLEARWATER, FL 33763	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3684 Tampa Road, Suite 5 City Oldsmar FL Zip Code 34677
---	---

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSATI, ALBERT R 25400 US HWY 19 N, STE # 112 CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3684 Tampa Road Suite 5 Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Albert R. Rosati 2/22/05 813-749-8282  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT

#097000041745-  
50079329

## YOUR IMMEDIATE ATTENTION IS REQUESTED

Royal Medical Consultants, Inc. is pleased to announce the relocation of our corporate headquarters, **effective January 22, 2005.**

### New Addresses and Phone:

Mailing Address: Royal Medical Consultants, Inc.  
(Please use for all mail correspondence) P.O. Box 2067  
Oldsmar, FL 34677-2067

Physical Address: Royal Medical Consultants, Inc.  
3684 Tampa Road, Suite 5  
Oldsmar, FL 34677

**NEW PHONE: 813-749-8282**

**NEW FAX: 813-749-8285**

Toll Free number is the same: 800-528-1002

Visit us Online at [www.Royal-Medical.com](http://www.Royal-Medical.com)

Prior Address: Royal Medical Consultants, Inc.  
25400 US Highway 19 N., Suite 112  
Clearwater, FL 33763