

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000041745**

1. Entity Name
ROYAL MEDICAL CONSULTANTS, INC.



**FILED
Feb 13, 2003 8:00 am
Secretary of State**

02-13-2003 90238 045 ***150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business
25400 US HWY 19 N
SUITE # 112
CLEARWATER FL 33763
US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

4. FEI Number **59-3423744** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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) _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution. \$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	<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
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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:

SIGNATURE RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 7277120816
Date Daytime Phone #

CR2E034 (10/02)