

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000088913

**Entity Name:** IMPERIAL HEALTHCARE, INC.

**FILED**  
**Jun 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7391 WATER DANCE WAY  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7391 WATER DANCE WAY  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 32-0322504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AGOCs, WILLIAM  
7391 WATER DANCE WAY  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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:** WILLIAM AGOCs

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** AGOCs, WILLIAM  
**Address:** 7391 WATER DANCE WAY  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** VD  
**Name:** SORIA, DAVID M  
**Address:** 7391 WATER DANCE WAY  
**City-St-Zip:** LAKE WORTH, FL 33467 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID SORIA

VD

06/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date