

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

DOCUMENT # <u>P000000 91428</u> 1. Entity Name <u>IMPERIAL HEALTH PLANS, INC.</u>				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 03 OCT 28 PM 2:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <u>1601 EAST BAY DRIVE</u> Suite, Apt. #, etc. <u>#3A</u>		3. Mailing Address <u>1601 EAST BAY DRIVE</u> Suite, Apt. #, etc. <u>#3A</u>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> REINSTATEMENT DO NOT WRITE IN THIS SPACE <u>03</u> </div>	
City & State <u>LARGO, FL.</u>		City & State <u>LARGO, FL.</u>		4. FEI Number <u>65-1037513</u>	
Zip <u>33771</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name <u>DANLENE GILBERT</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1601 EAST BAY DRIVE</u>					
<u>SUITE #3A</u>					
City <u>LARGO</u> FL Zip Code <u>33771</u>					
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 <u>Danlene Gilbert</u> <u>DANLENE GILBERT</u> <u>10/23/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	<u>CEO</u>	<u>DANLENE GILBERT</u>	<u>1601 EAST BAY DRIVE, #3A</u>		<u>700024218277</u>
		<u>LARGO, FLORIDA</u>	<u>33771</u>		<u>10/28/03--01087--004 **150.00</u>
	<u>PRESIDENT</u>	<u>GLENN GILBERT</u>	<u>1601 EAST BAY DRIVE, #3A</u>		
		<u>LARGO, FLORIDA</u>	<u>33771</u>		
	<u>CMDS</u>	<u>LISA WANNAMAKER D.O.</u>	<u>1601 EAST BAY DRIVE, #3A</u>		
		<u>LARGO, FLORIDA</u>	<u>33771</u>		
DO NOT WRITE IN THIS SPACE					
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Danlene Gilbert</u> <u>DANLENE GILBERT</u> <u>10/23/03</u> <u>(727) 581-9199</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/01)

Gentlemen:

We have moved &
never received our
YBR for 2003. Sorry
for the delay.

D. Hilbert

DiaBeta® **Lasix®** **Trental®**
GLYBURIDE HOECHST-ROUSSEL furosemide (pentoxifylline)

HOECHST-ROUSSEL PHARMACEUTICALS INC. • Somerville, N.J. 08876

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