

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90143 005 ***150.00

DOCUMENT # P01000104080

1. Entity Name
IMPERIAL HEALTHCARE, INC.

Principal Place of Business
**1163 IMPERIAL DRIVE
 NAPLES FL 34110**

Mailing Address
**1163 IMPERIAL DRIVE
 NAPLES FL 34110**



DO NOT WRITE IN THIS SPACE

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 **59-3747359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELHORN, JASON
 2722 FOUNTAINVIEW CIR, STE 203
 NAPLES FL 34109**

Name **JASON MELHORN**
 Street Address (P.O. Box Number is Not Acceptable)
1163 IMPERIAL DRIVE
 City **NAPLES** FL Zip Code **34110**

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]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-2-02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCFO**
 NAME **MELHORN, JASON** ☐ Delete
 STREET ADDRESS **2722 FOUNTAINVIEW CIR, STE 203**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

Date

Do Not Sign Here

CR2E034 (4/02)

Attachment P01000104080/675296

Imperial Healthcare, Inc.

1163 Imperial Drive
Naples, FL 34110
239-285-4187

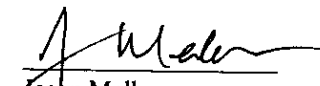
Monday, July 15, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

In regard to Imperial Healthcare, Inc., FEI number 59-3747359, we recently received our first Uniform Business Report for the corporation. Our document number is P01000104080. Per a conversation with your office on 7/3/02, I was to submit this letter along with a check for \$150.00, instead of the \$550.00 notated on our form. We were unaware that a UBR was due this year since operations commenced on January 1, 2002, if it is necessary to send the balance please notify me at the above address. Thank you for your consideration in this matter.

Thank you,


Jason Melhorn,
Executive Director

ENCLOSURES