

# P01000104080

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Imperial Healthcare, Inc.  
(Name of corporation)

300008201493--4  
-10/04/02--01028--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

DOCUMENT NUMBER: P01000104080

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason H. Melhorn  
(Name of person)

Imperial Healthcare, Inc.  
(Name of firm/company)

9316 San Marino Lane 304  
(Address)

Naples, FL 34114  
(City/state and zip code)

For further information concerning this matter, please call:

Jason H. Melhorn at (239) 285-4187  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
02 OCT -4 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E045(07/02)

R.A. change

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Imperial Healthcare, Inc.
2. The principal office address: Po box 1078 Naples, FL 34106-1078
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/26/01 Document number: P01000104080
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jason H. Melhorn  
1168 Imperial Drive  
Naples, FL 34110

6. The name and street address of the new registered agent (if changed) and /or registered office changed):

Jason H. Melhorn  
9316 San Marino Lane #304  
(P.O. Box or personal mailbox NOT acceptable)  
Naples FL 34114

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

Jason H. Melhorn  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

9-30-02  
(Date)

If signing on behalf of an entity:

Jason H. Melhorn  
(Typed or Printed Name)

Registered Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA