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DIVISION OF CORPORATIONS  
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PA Change  
02/14/03  
PC

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Imperial Health Care Inc.  
(Name of corporation)

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:

Joseph P. Maguire  
(Name of person)

Imperial Health Care Inc.  
(Name of firm/company)

503 Lake Louise Circle #Suite 202  
(Address)

NAPLES, FL 34110  
(City/state and zip code)

For further information concerning this matter, please call:

Joseph P. Maguire at ( 239 ) 253.5753  
(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

**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: 503 Lake Louise Circle  
Suite #202, NAPLES, FLORIDA 34110
3. The mailing address (if different): PO Box 1078, NAPLES, FLORIDA  
34106
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jason K. Melhorn  
9316 San Marino Lane Suite 304  
NAPLES, FLORIDA 34114

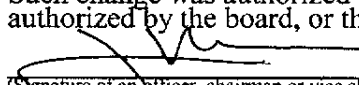
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph P. Maguire  
503 Lake Louise Circle Suite 202  
(P.O. Box or personal mailbox NOT acceptable)  
NAPLES, FLORIDA 34110

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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 of an officer, chairman or vice chairman of the board)

Jason Melhorn Managing Director  
(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 of Registered Agent)

02/01/2003  
(Date)

If signing on behalf of an entity:

Joseph Maguire  
(Typed or Printed Name)

Director  
(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