

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

APPROVAL
AND
FILED

ATX1

05 MAY 20 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000050082	
1. Entity Name	
IMPERIAL HOME HEALTH CARE, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7947 JOHNSON STREET, Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL	City & State
Zip 33024	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Julius Adeyiga (Imperial Home Health Care, Inc)
Street Address (P.O. Box Number is Not Acceptable)	
7947 Johnson Street Suite A	
City	Pembroke Pines FL Zip Code 33024

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 Julius Adeyiga, President **DATE** 5/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VALDA J. ADEYIGA 8579 SW 23RD COURT MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054215268 05/10/05--01064--003 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JULIUS A. ADEYIGA 8579 SW 23RD COURT MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Julius A. Adeyiga **JULIUS A. ADEYIGA** **4/26/2005** **(954)986-2920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #