FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

06 SEP 14 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000050082

1. Entity Name

IMPERIAL HOME HEALTH CARE, INC

DO NOT WRITE IN THIS SPACE

05/02/06 90190 016 $300 — $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7991 JOHNSON STREET, SUITE A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBORKE PINES, FL	City & State
Zip: 33024 Country	Zip Country

4. FEI Number: 56-2449010 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~7991 Johnson Street Suite A~~ Julius Adeyiga

Street Address (P.O. Box Number is Not Acceptable): 7991 Johnson St. Suite A

Pembroke Pines

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: _____ 9/12/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Valda J. Adeyiga
STREET ADDRESS	8579 SW 23rd Court
CITY-ST-ZIP	Miramar, Fl 33025
TITLE	Vice President
NAME	Julius A. Adeyiga
STREET ADDRESS	8579 SW 23rd Court
CITY-ST-ZIP	Miramar, Fl 33025
TITLE	
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DO NOT WRITE IN THIS SPACE

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 — 4/26/2006 — (954)985-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jc 9/14