

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

ATX1

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8910 MIRAMAR PARKWAY SUITE 207 B Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State MIRAMAR, FL	City & State
Zip 33025	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2449010	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
Street Address (P.O. Box Number is Not Acceptable) 8579 SW 23RD COURT
City MIRAMAR
State FL
Zip Code 33025

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 _____ **4/25/2009**
Signature, typed or printed name of registered agent and title 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDA ADEYIGA 8579 SW 23RD COURT MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIUS ADEYIGA 8579 SW 23RD COURT MIRAMAR, FL 33025
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300153867973 04/30/09--01002--001 **450.00
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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:  **4/25/2009** **(954)430-6077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #