

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90001 034 \*\*\*150.00

DOCUMENT # P96000099751

1. Corporation Name

IMPERIAL MEDICAL, INC.

Principal Place of Business

Mailing Address

1349 OLD HWY 41, STE 100  
MARIETTA, GA. 30066

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DECEMBER 10, 1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3416994

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

KEVIN O. DEAN

82 Street Address (P.O. Box Number is Not Acceptable)

2904 SUMMERVALE DR., #

83

84 City

HOLIDAY

FL

85 Zip Code

34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X O.D. PRESIDENT

KEVIN O. DEAN

4/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/D/CEO □ DELETE

NAME DAWN M. MILLER  
STREET ADDRESS 2904 SUMMERVALE DR.  
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE P/D/S/T □ DELETE

NAME KEVIN O. DEAN  
STREET ADDRESS 2904 SUMMERVALE DR.  
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE D □ DELETE

NAME MANISH CHAUDHARY  
STREET ADDRESS 12720 BROKEN SADDLE RD.  
CITY-ST-ZIP KNOXVILLE, TN 37922

TITLE D □ DELETE

NAME FRANZ BERKHOUT  
STREET ADDRESS BUIZERDORST 24  
CITY-ST-ZIP 5431 L.W., CUIJK, NETHERLANDS

TITLE □ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE □ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X O.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P/D/S/T KEVIN O. DEAN

4/1/99

(678) 290-0909

Date

Daytime Phone #

CR2E034 (11/98)