## 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...

## DOCUMENT # P97000015902

1. Corporation Name

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90075 045 \*\*\*150.00

IMPERIA	L MEDICAL MANAGEMENT (	COMPANY, INC.								
Principal Place	e of Business	Mailing Address				- FIGUILLE CIR FUELT PRUT DUTIL BAT	IT DRIEL MEIRL I	1881 Balla tara El	1110 IIB1 1601	
4 AZTEC TRAIL		4 AZTEC TRAIL								
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174						DO NOT WRIT	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed	12 114 11410			
						02/19/1997				
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number		Арр	lied For	
21	de de la company	26				59-3420595		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_				\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired		Fee Rec	uired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00 M	<b>и</b> ау Ве	
23		28				Trust Fund Contribution	اسا	Added to	Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year Inta		_	
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent		104 \ >>-		10. Name and Address of New R	egistered /	Agent		
000	SAFAL AUPUL NA	• •		81 Nam	ie					
	WN, NEIL M			82 Stre	et Addre	ss (P.O. Box Number is Not Accepta	ible)			i
	TEC TRAIL		•	<u> </u>						
UHIV	IOND BEACH FL 32174			83						
				84 City			FI	85 Zip C	ode	ļ
	to the provisions of Sections 607.0502			<u> </u>		the state of the s	FL	shenging ito	ragistarad	
office or r agent. I a	to the provisions of sections of 207.0502 registered agent, or both, in the State common familiar with, and accept the obligations.	of Florida. Such change was at	uthorized	i by the co	rporation	n's board of directors. I hereby accep	it the appoi	ntment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	Agent signatu	beniupen en	when reinstating)	DATE		<del></del>	í
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OF	FICERS AN			Š
ΠΤLE	P	☐ DELETE	1.1 TI	TLE				Change	☐ Addition	3
NAME	BROWN, DR N		1.2 N	AME						3
STREET ADDRESS	, , ,,,		1.3 ST	TREET ADDRE	ss					į
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CI	TY-ST-ZIP						Ç
TITLE	ST	☐ DELETE	2.1 TI	TLE				Change	☐ Addition	
NAME	BROWN, LINDA		2.2 N	AME						
STREET ADDRESS	4 AZTEC TR		2.3 S1	FREET ADDRE	ss				1	
CITY-ST-ZIP	ORMOND BEACH FL 32174								Ì	
TITLE			2.40	ITY-ST-ZIP						
NAME		☐ DELETE	2.4 C				<del></del>	☐ Change	☐ Addition	
STREET ADDRESS		☐ DELETE	_	TLE				Change	Addition	
CITY-ST-ZIP		☐ DELETE	3.1 TT 3.2 N	TLE				Change	☐ Addition	
TITLE			3.1 TT 3.2 N/ 3.3 ST - 3.4. C	TLE AME TREET ADDRE TTY-ST-ZIP				<u> </u>		
NAME	-	☐ DELETE  - · · ·	3.1 TT 3.2 NJ 3.3 ST	TLE AME TREET ADDRE TTY-ST-ZIP			· .	Change	☐ Addition	
l.	-		3.1 TI 3.2 N/ 3.3 ST - 3.4. C	TLE AME TREET ADDRE TTY-ST-ZIP TLE			<u> </u>	<u> </u>		
STREET ADDRESS	-		3.1 TI 3.2 No 3.3 ST - 3.4. C 4.1 TI 4. 2 N	TLE AME TREET ADDRE TTY-ST-ZIP TLE	SS		-	<u> </u>		
STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TI 3.2 No 3.3 ST - 3.4. C 4.1 TI 4.2 N 4.3 ST 4.4 CI	TLE  AME  TREET ADDRE  TIY-ST-ZIP  TLE  IAME  TREET ADDRE  TY-ST-ZIP	SS		-	Change	Addition	
	-		3.1 TT 3.2 N 3.3 ST - 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT	TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  IAME  IREET ADDRE  ITY-ST-ZIP  TLE	SS		-	<u> </u>		
CITY-ST-ZIP	-	DELETE	3.1 TI 3.2 N/ 3.3 ST - 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TV 5.2 N/	TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  IAME  IREET ADDRE  ITY-ST-ZIP  TLE  AME	SS			Change	Addition	
CITY-ST-ZIP		DELETE	3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  IMME  IREET ADDRE  ITY-ST-ZIP  TLE  AME  IREET ADDRE	SS			Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TI 3.2 NJ 3.3 ST 3.4 CC 4.1 TI 4.2 NJ 4.3 ST 4.4 CI 5.1 TT 5.2 NJ 5.3 ST 5.4 CI	TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  AME  IREET ADDRE  TY-ST-ZIP  TLE  AME  ITEET ADDRE  TY-ST-ZIP  TLE  AME  ITEET ADDRE  TY-ST-ZIP	SS			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 C C 5.1 TV 5.2 N/ 5.3 ST 5.4 C C 6.1 TT	TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  IREET ADDRE  ITY-ST-ZIP  TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  TREET ADDRE  ITY-ST-ZIP  TREET ADDRE  ITY-ST-ZIP  TLE	SS		· .	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	3.1 TT 3.2 N/ 3.3 ST 3.4 .C 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 N 5.3 ST 5.4 CC 6.1 TT 6.2 N/ 6.2	TLE  AME  IRREET ADDRE  ITY-ST-ZIP  TLE  IRREET ADDRE  ITY-ST-ZIP  TLE  AME  IRREET ADDRE  ITY-ST-ZIP  TLE  TREET ADDRE  ITY-ST-ZIP  TLE  AME  AME  AME  AME  AME  AME	555		· .	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TT 3.2 NV 3.3 ST 4.4 CC 4.1 TT 4.2 NV 4.3 ST 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.2 NV 6.3 ST 6.2 NV 6.3 ST 6.3 ST 6.2 NV 6.3 ST 6.	TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  IREET ADDRE  ITY-ST-ZIP  TLE  AME  IREET ADDRE  ITY-ST-ZIP  TLE  TREET ADDRE  ITY-ST-ZIP  TREET ADDRE  ITY-ST-ZIP  TLE	555		-	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 frustee 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, ex on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR