

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091006

FILED  
Feb 28, 2012  
Secretary of State

Entity Name: BLUE VISTA HOME HEALTH INC.

**Current Principal Place of Business:**

3590 S STATE RD 7 #219  
MIRAMAR, FL 33023

**New Principal Place of Business:**

3600 S STATE RD 7 #310  
MIRAMAR, FL 33023

**Current Mailing Address:**

3590 S STATE RD 7 #219  
MIRAMAR, FL 33023

**New Mailing Address:**

3600 S STATE RD 7 #310  
MIRAMAR, FL 33023

FEI Number: 36-4616797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: OSAGIE, CHRIS  
Address: 13914 BLUE VISTA DR  
City-St-Zip: SUGAR LAND, TX 77498

Title: DVT  
Name: OSAGIE, ROSEBETH  
Address: 13914 BLUE VISTA DR  
City-St-Zip: SUGAR LAND, TX 77498

Title: S  
Name: OSAGIE, OFOSA  
Address: 13914 BLUE VISTA DR  
City-St-Zip: SUGAR LAND, TX 77498

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS OSAGIE

DP

02/28/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date