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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ADA TRIMINO

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:
1570 NW 133 STREET
MIAMI, FL 33167

Entity Name: BLESSINGS CARE CORPORATION

Current Mailing Address:

DOCUMENT# N1200002704

1570 NW 133 STREET MIAMI. FL 33167 US

FEI Number: 37-1668072

Name and Address of Current Registered Agent:

TRIMINO, ADA 2175 NW 19 TERR #5 MIAMI, FL 33125 US

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

Officer/Director Detail :

Officer/Director Detail :				
Title	P	Title	S	
Name	TRIMINO, ADA	Name	NOA, IVETTE	
Address	1570 NW 133RD ST	Address	1570 NW 133RD ST	
City-State-Zip:	NORTH MIAMI FL 33167	City-State-Zip:	NORTH MIAMI FL 33167	
Title	T	Title	OFFICER	
Name	VAZQUEZ-NOA, MARCIA	Name	VAZQUEZ, ERIK	
Address	1570 NW 133RD ST	Address	1570 NW 133 STREET	
Address City-State-Zip:	1570 NW 133RD ST NORTH MIAMI FL 33167	Address City-State-Zip:	1570 NW 133 STREET MIAMI FL 33167	

Date

PRESIDENT

05/31/2013

Secretary of State CC4855831140

Certificate of Status Desired: No

Date