

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000091006

**Entity Name:** BLUE VISTA HOME HEALTH INC.

**Current Principal Place of Business:**

2700 N. 29 AVE.  
SUITE 101  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2700 N. 29 AVE.  
SUITE 101  
HOLLYWOOD, FL 33020 US

**FEI Number:** 36-4616797

**Certificate of Status Desired:** No

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

FRANZONI, JEFFREY A  
2700 N. 29 AVENUE,  
SUITE 101  
HOLLYWOOD, FL 33020 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:** JEFFREY FRANZONI

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FRANZONI, JEFFREY A  
Address 2700 N 29 AVE.  
SUITE 101  
City-State-Zip: HOLLYWOOD FL 33020

Title PRESIDENT  
Name SAFRON, WILLIAM L  
Address 2700 N 29 AVE.  
SUITE 101  
City-State-Zip: HOLLYWOOD FL 33020

Title CFO  
Name VALENCIA, CARLOS F  
Address 2700 N 29 AVE.  
SUITE 101  
City-State-Zip: HOLLYWOOD FL 33020

*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:** VALENCIA CARLOS F

CFO

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date