

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091006

Entity Name: BLUE VISTA HOME HEALTH INC.

Current Principal Place of Business:

2055 LEE STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

2055 LEE STREET
HOLLYWOOD, FL 33020 US

FEI Number: 36-4616797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, MONICA
2055 LEE STREET
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

01/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP/D
Name FRANZONI, JEFFREY A
Address 2055 LEE STREET
City-State-Zip: HOLLYWOOD FL 33020

Title P/D
Name PEREZ, MONICA
Address 2055 LEE STREET
City-State-Zip: HOLLYWOOD FL 33020

Title VP/D
Name DE LA MAZA, CRISTINA
Address 2055 LEE STREET
City-State-Zip: HOLLYWOOD FL 33020

Title T/D
Name REIG, MARIA
Address 2055 LEE STREET
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: MONICA PEREZ

PRESIDENT

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date