## 2015 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

## 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	E: JEFFREY FRANZONI			02/24/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	VP	Title	PRESIDENT	
Name	FRANZONI, JEFFREY A	Name	SAFRON, WILLIAM L	
Address	2700 N 29 AVE. SUITE 101	Address	2700 N 29 AVE. SUITE 101	
City-State-Zip:	HOLLYWOOD FL 33020	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

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No