

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091006

Entity Name: BLUE VISTA HOME HEALTH INC.

Current Principal Place of Business:

4700 SHERIDAN STREET,
SUITE J
HOLLYWOOD, FL 33021

Current Mailing Address:

4700 SHERIDAN STREET,
SUITE J
HOLLYWOOD, FL 33021 US

FEI Number: 36-4616797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPITZER, CHESKAL
4700 SHERIDAN STREET, SUITE J
HOLLYWOOD, FL 33021 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

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PTDO,CFO
Name SPITZER, CHESKEL
Address 4700 SHERIDAN ST SUITE J
City-State-Zip: HOLLYWOOD FL 33021

Title DO
Name SHAFIR, CAROL
Address 4700 SHERIDAN ST SUITE J
City-State-Zip: HOLLYWOOD FL 33021

Title DO
Name LECHTSCHHEIN, TEDY
Address 4700 SHERIDAN ST SUITE J
City-State-Zip: HOLLYWOOD FL 33021

Title DO
Name SCHEINER, ELIEZER
Address 4700 SHERIDAN ST SUITE J
City-State-Zip: HOLLYWOOD FL 33021

Title CEO,DO
Name FRIEDMAN, LEOPOLD
Address 4700 SHERIDAN ST SUITE J
City-State-Zip: HOLLYWOOD FL 33021

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: CHESKEL SPITZER

CFO

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date