

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 030 ***150.00

J0007115



07182005 No Chg-P CR2E034 (10/03)

4. FEI Number **20-0424320** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P03000139412
 1. Entity Name
BA HOME HEALTH CARE, INC.



Principal Place of Business Mailing Address
5601 TIMUQUANA RD SUITE C JACKSONVILLE, FL 32210 US
5601 TIMUQUANA RD SUITE C JACKSONVILLE, FL 32210 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALMOJERA, BELLE B M.D.
340 DEVONSHIRE LN.
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALMOJERA, BELLE B M.D.
STREET ADDRESS	340 DEVONSHIRE LN.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	ALMOJERA, BRIAN M
STREET ADDRESS	340 DEVONSHIRE LN.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Belle B. Almojera and Belle B. Almojera 7-19-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #