

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000139412

1. Entity Name
BA HOME HEALTH CARE, INC.

Principal Place of Business 5601 TIMUQUANA RD SUITE C JACKSONVILLE, FL 32210 US	Mailing Address 5601 TIMUQUANA RD SUITE C JACKSONVILLE, FL 32210 US
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10172006 REIN-P CR2E098 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0424320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALMOJERA, BELLE B M.D.
340 DEVONSHIRE LN.
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ALMOJERA, BELLE B M.D.
STREET ADDRESS	340 DEVONSHIRE LN.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP <input type="checkbox"/> Delete
NAME	ALMOJERA, BRIAN M
STREET ADDRESS	340 DEVONSHIRE LN.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200081029702
10/19/06--01039--017 **750.00

B, 10/25/06

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, M.D. 10-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #