2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FILED				
DOCUMENT # P03000139412 1. Entity Name BA HOME HEALTH CARE, INC.							SECRETARITY STATE TALLAHASSEE, FLORIDA				
Principal Plac	e of Busines	s	L	1	ALLAHASSE	E. FLUI	RIDA				
5601 TIMUQ	UANA RD		5601 TIMUQUANA RD	5601 TIMUQUANA RD					352		
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JACKSONVILI	LE, FL 3221	IO US	JACKSONVILLE, FL 32	JACKSONVILLE, FL 32210 US			aning hitis ag iti ag ik ak li	EL LEN UN TENA LOT	II 410 1 1 11 0 1 10		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10172006	REIN-P	CR2E09	98 (11/05)		
City & State			City & State			4. FEI Numb 20-042			<u> </u>	oplied For ot Applicable	
Zip	Country		Zip	Zip Counti		5. Certificate	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
ALMO JER	A RELIE	RMD		Name							
ALMOJERA, BELLE B M.D. 340 DEVONSHIRE LN. ORANGE PARK, FL 32073					Street Address (P.O. Box Number is Not Acceptable)						
			City	_ 			, 1 75- C-d				
			1			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.											
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Signature, typed or printed name of registered agent and title if applicable. (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	11.		ADDITIONS	L CHANGES TO OFF	CERS AND	DIRECTOR:	S IN 11	
TITLE	P Delete III				E	-	<u> </u>		Change	Addition	
NAME		RA, BELLE B M.D.		E	70	nnnose	~. · ~ · · · · · · · · ·	7	İ		
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NAME	ALMOJERA, BRIAN M			NAM					☐ Change	☐ Addition !	
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	Partify that the	e information supplied with	h this filing does not avail?			and in Observe	Stade Commission	£ 44 **			
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 Clangera, wo 10-18-06											
SIGNATURE: 1916 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #											