2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000139412

1. Entity Name
BA HOME HEALTH CARE, INC.

FILED
08 APR -8 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 03262008 ... REN ... RE09 ... 07-08

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALMOJERA, BELLE B M.D. 340 DEVONSHIRE LN. ORANGE PARK, FL 32073	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 B. Almojera, M.D. Belle B. Almojera, M.D.
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALMOJERA, BELLE B M.D. 340 DEVONSHIRE LN. ORANGE PARK, FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400122585014 04/08/08--01030--016 **900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALMOJERA, BRIAN M 340 DEVONSHIRE LN. ORANGE PARK, FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/8	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: B. Almojera, M.D. Belle B. Almojera, M.D. 904-771-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #