


## 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT# P03000139412</b> 1. Entity Name BA HOME HEALTH CARE, INC.	
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FILED  
08 APR -8 AM 11: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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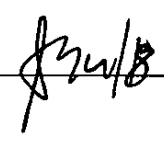


6. Name and Address of Current Registered Agent  ALMOJERA, BELLE B M.D. 340 DEVONSHIRE LN. ORANGE PARK, FL 32073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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: Belle B. Almojera, M.D. (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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400122585014 04/08/08--01030--016 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALMOJERA, BRIAN M 340 DEVONSHIRE LN. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: Belle B. Almojera, M.D. 904-771-5910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #