

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000139412

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** BA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

5601 TIMUQUANA RD  
SUITE C  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

5601 TIMUQUANA RD  
SUITE C  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number:** 20-0424320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ALMOJERA BELLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALMOJERA, BELLE B M.D.  
Address: 340 DEVONSHIRE LN.  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VP  
Name: ALMOJERA, BRIAN M  
Address: 340 DEVONSHIRE LN.  
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALMOJERA BELLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/12/2011

\_\_\_\_\_  
Date