

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000038587

FILED
Nov 10, 2009
Secretary of State

Entity Name: BLUECARE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD
STE 2M-5
MIAMI, FL 331724598

New Principal Place of Business:

Current Mailing Address:

175 FONTAINEBLEAU BLVD
STE 2M-5
MIAMI, FL 331724598

New Mailing Address:

FEI Number: 55-0859120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILERA, ADALBERTO J
175 FONTAINEBLEAU BOULEVARD
SUITE 2M-5
MIAMI, FL 331724598 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: ADALBERTO J AGUILERA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGUILERA, ADALBERTO J
Address: 175 FONTAINEBLEWU BLVD STE 2M-5
City-St-Zip: MIAMI, FL 331724598

Title: VSTD () Delete
Name: ALBA, JOSE R
Address: 175 FONTAINEBLEWU BLVD STE 2M-5
City-St-Zip: MIAMI, FL 331724598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADALBERTO J AGUILERA

PD

11/10/2009

Electronic Signature of Signing Officer or Director

Date