

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000098962

FILED
Oct 11, 2009
Secretary of State

Entity Name: BLESSINGS HEALTH CARE CORP.

Current Principal Place of Business:

1055 NW 108TH TERR.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1055 NW 108TH TERR.
MIAMI, FL 33168

New Mailing Address:

FEI Number: 30-0512520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZA, ELBA
1055 NW 108TH TERR.
MIAMI, FL 33168 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: ELBA DE AZA

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: AZA, ELBA D
Address: 1055 NW 108TH TERR.
City-St-Zip: MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE AZA, ELBA
Address: 1055 NW 108TH TERR.
City-St-Zip: MIAMI, FL 33168

Title: S () Change (X) Addition
Name: DE AZA, MIRIAN
Address: 1055 NW 108TH TERRACE
City-St-Zip: MIAMI, FL 33168

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: ELBA DE AZA

PD

10/11/2009

Electronic Signature of Signing Officer or Director

Date