

4. Provide the names and business or residence addresses of the corporations board of directors and its president, treasurer, and secretary:

Title	Name Residence or Business Address	
PRESIDENT	EARL J. CHRISTENSEN	3973 WEST BELLEVUE HWY, OLIVET, MI 49076 USA
TREASURER	EARL J. CHRISTENSEN	3973 WEST BELLEVUE HWY, OLIVET, MI 49076 USA
SECRETARY	VICTORIA L. WENDORF	3973 WEST BELLEVUE HWY, OLIVET, MI 49076 USA
DIRECTOR	IRECTOR VICTORIA L. WENDORF 3973 WEST BELLEVUE HWY, OLIVET, MI 49076 USA	
DIRECTOR	EARL J. CHRISTENSEN	3973 WEST BELLEVUE HWY, OLIVET, MI 49076 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report: HOME HEALTH CARE.

This document must be signed by an authorized officer or agent:

Signed this 19th Day of March, 2024 by:

Signature	Title	Title if "Other" was selected
John D. Harrington	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

jm Decline 🛛 jm Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2024 ANNUAL REPORT

for

BLUE HEART STAFFING, INC.

ID Number: 803143530

received by electronic transmission on March 19, 2024 , is hereby endorsed.

Filed on March 19, 2024 *, by the Administrator.*

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 19th day of March, 2024.

Jinda (

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau