

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118083

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LAKESIDE QUALITY HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

485 W MAIN STREET  
SUITE A  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

1456 NE 180 ST  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-2120308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROQUE, NATALIA M  
1456 NE 180 ST  
N MIAMI BEACH, FL 33162 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROQUE, NATANLIA M  
Address: 1456 NE 180 ST  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP ( ) Delete  
Name: GONZALEZ, ELIZABETH  
Address: 17925 SW 154 PL  
City-St-Zip: MIAMI, FL 33187

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROQUE, NATALIA M  
Address: 1456 NE 180 ST  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP (X) Change ( ) Addition  
Name: GONZALEZ, REINA  
Address: 12962 SW 20 TERRA  
City-St-Zip: MIAMI, FL 33175

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: NATALIA M. ROQUE

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date