

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118083

**FILED**  
**Jan 11, 2010**  
**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:**

485 W MAIN STREET  
SUITE A  
PAHOKEE, FL 33476

**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:**

ROQUE, NATALIA M  
11202 NW 59 PL  
HIALEAH, FL 33012 US

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

01/11/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROQUE, NATALIA M  
Address: 11202 NW 59 PL  
City-St-Zip: HIALEAH, FL 33012

Title: VP  
Name: GONZALEZ, REINA  
Address: 12962 SW 20 TERRA  
City-St-Zip: MIAMI, FL 33175

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: MAIL \_\_\_\_\_

Electronic Signature of Signing Officer or Director

P

01/11/2010

Date