

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118083

FILED
Feb 23, 2011
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:

485 W MAIN STREET
SUITE A
PAHOKEE, FL 33476

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
11202 NW 59 PL
HIALEAH, FL 33012 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

OFFICERS AND DIRECTORS:

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

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: NATALIA M ROQUE

OWNE

02/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date