

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118083

**FILED**  
**Jan 11, 2012**  
**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:**

725 E MAIN STREET  
SUITE B  
PAHOKEE, FL 33476

**Current Mailing Address:**

485 W MAIN STREET  
SUITE A  
PAHOKEE, FL 33476

**New Mailing Address:**

725 E MAIN STREET  
SUITE B  
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  
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

P

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date