## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000144675

Entity Name: LIGHTHOUSE HOME HEALTH CARE, INC.

FILED Apr 28, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

800 VIRGINIA AVENUE 2030 OLD DIXIE HIGHWAY S55 SUITE U2

FORT PIERCE, FL 34982 VERO BEACH, FL 32962

**Current Mailing Address: New Mailing Address:** 

800 VIRGINIA AVENUE 2030 OLD DIXIE HIGHWAY SUITE U2

FORT PIERCE, FL 34982 VERO BEACH,, FL 32962

FEI Number: 55-0863543 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAKER, CHRYSTAL L BAKER, CHRYSTAL L 800 VIRGINIA AVENUE 2030 OLD DIXIE HIGHWAY SUITE U2

FORT PIERCE, FL 34982 US VERO BEACH, FL 32962 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: CHRYSTAL BAKER 04/28/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRFS

BAKER, CHRYSTAL L Name: 2030 OLD DIXIE HIGHWAY Address: City-St-Zip: VERO BEACH,, FL 32962

Title: VΡ

Name: MORALES, BETHANY A 2030 OLD DIXIE HIGHWAY Address: VERO BEACH, FL 32962 City-St-Zip:

Title: SEC

MORALES, BETHANY Name: 2030 OLD DIXIE HIGHWAY Address: City-St-Zip: VERO BEACH, FL 32962

Title: **TRES** 

BAKER, CHRYSTAL L Name: Address: 2030 OLD DIXIE HIGHWAY City-St-Zip: VERO BEACH, FL 32962

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: CHRYSTAL BAKER OWNE 04/28/2011