

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000118083

**Entity Name:** LAKESIDE QUALITY HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

109 S LAKE AVE  
PAHOKEE, FL 33476

**Current Mailing Address:**

109 S LAKE AVE  
PAHOKEE, FL 33476 US

**FEI Number:** 20-2120308

**Certificate of Status Desired:** No

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

ROQUE, NATALIA M  
10485 NW 130 ST  
HIALEAH GARDEN , FL 33018 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ROQUE, NATALIA M  
Address 10485 NW 130 ST  
City-State-Zip: HIALEAH GARDEN FL 33018

*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

**PRESIDENT**

**01/31/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date