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.

PRESIDENT

SIGNATURE: NATALIA M. ROQUE

Electronic Signature of Signing Officer/Director Detail

Title Ρ Name 11202 NW 59 PL Address

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118083

Entity Name: LAKESIDE QUALITY HOME HEALTH CARE, INC.

Current Principal Place of Business:

725 E MAIN STREET SUITE B PAHOKEE, FL 33476

Current Mailing Address:

725 E MAIN STREET SUITE B PAHOKEE, FL 33476

FEI Number: 20-2120308

Name and Address of Current Registered Agent:

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

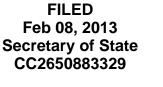
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

ROQUE, NATALIA M City-State-Zip: HIALEAH FL 33012



Certificate of Status Desired: No

Date

Date