

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000144675

**Entity Name:** LIGHTHOUSE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

6544 ALEMENDRA  
FORT PIERCE, FL 34951

**Current Mailing Address:**

6544 ALEMENDRA  
FORT PIERCE, FL 34951 US

**FEI Number: 90-0455423**

**Certificate of Status Desired: No**

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

BAKER, CHRYSTAL L  
6544 ALEMENDRA  
FORT PIERCE, FL 34951 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**

**04/12/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BAKER, CHRYSTAL L  
Address        424 GROVE ISLE CIRCLE  
City-State-Zip: VERO BEACH FL 32962

Title            VP  
Name            MORALES, FELICIA F  
Address        1446 19TH STREET SW  
City-State-Zip: VERO BEACH FL 32962

Title            SEC  
Name            MORALES, FELICIA F  
Address        1446 19TH STREET SW  
City-State-Zip: VERO BEACH FL 32962

Title            TRES  
Name            BAKER, CHRYSTAL L  
Address        6544 ALEMENDRA  
City-State-Zip: FORT PIERCE FL 34951

*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**

**MNGR**

**04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date