

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000144675

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

**Current Principal Place of Business:**

424 GROVE ISLE CIRCLE  
VERO BEACH, FL 32962

**Current Mailing Address:**

424 GROVE ISLE CIRCLE  
VERO BEACH, FL 32962 US

**FEI Number:** 90-0455423

**Certificate of Status Desired:** No

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

BAKER, CHRYSTAL L  
424 GROVE ISLE CIRCLE  
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

04/01/2020

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 424 GROVE ISLE CIRCLE  
City-State-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

CEO

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date