

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144675

Entity Name: LIGHTHOUSE HOME HEALTH CARE, INC.

Current Principal Place of Business:

395 24TH AVENUE SW
VERO BEACH, FL 32962

Current Mailing Address:

395 24TH AVENUE SW
VERO BEACH, FL 32962 US

FEI Number: 55-0863543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, CHRYSTAL L
395 24TH AVENUE SW
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BAKER, CHRYSTAL L
Address 395 24TH AVENUE SW
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 395 24TH AVENUE SW
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

OWNER

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date