

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144675

Entity Name: LIGHTHOUSE HOME HEALTH CARE, INC.**Current Principal Place of Business:**2047 SE MONROE STREET
STUART, FL 34951**Current Mailing Address:**2047 SE MONROE STREET
STUART, FL 34951 US**FEI Number:** 90-0455423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, CHRYSTAL L
2047 SE MONROE STREET
STUART, 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

03/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------|
| Title | PRES |
| Name | BAKER, CHRYSTAL L |
| Address | 2047 SE MONROE STREET |
| City-State-Zip: | STUART FL 34997 |

| | |
|-----------------|---------------------|
| 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 | 2047 SE MONROE STREET |
| City-State-Zip: | STUART FL 34997 |

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

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date