

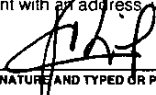


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90033 019 \*\*\*150.00

<b>DOCUMENT # P04000118083</b> 1. Entity Name <b>LAKESIDE QUALITY HOME HEALTH CARE, INC.</b>					
Principal Place of Business <b>1456 NE 180 ST N MIAMI BEACH, FL 33162</b>				Mailing Address <b>1456 NE 180 ST N MIAMI BEACH, FL 33162</b>	
2. Principal Place of Business <b>485 W MAIN ST.</b>		3. Mailing Address <b>1456 NE 180 ST</b>			
Suite, Apt. #, etc. <b>SUITE A.</b>		Suite, Apt. #, etc.			
City & State <b>PAHOKEE FL</b>		City & State <b>N. MIAMI BEACH FL</b>			
Zip <b>33476</b>		Country <b>W PAUM BEACH 33162</b>		4. FEI Number <b>20-2120308</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROQUE, NATALIA M 1456 NE 180 ST N MIAMI BEACH, FL 33162</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROQUE, NATANLIA M 1456 NE 180 ST N MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>4/28/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		