

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000039051

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** THE LAKES HOME HEALTH AGENCY, INC

**Current Principal Place of Business:**

5803 NW 151 STREET  
SUITE 205  
MIAMI LAKES, 33014

**New Principal Place of Business:**

5803 NW 151 STREET  
SUITE 205  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5803 NW 151 STREET  
SUITE 205  
MIAMI LAKES, 33014

**New Mailing Address:**

5803 NW 151 STREET  
SUITE 205  
MIAMI LAKES, FL 33014

**FEI Number:** 26-4788120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTRO, JUAN F  
12723 NW 18 CT  
PEMBROKE PINES, FL 33028 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASTRO, JUAN F  
Address: 12723 NW 18 CT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP  
Name: DE LEON, MARIA C  
Address: 12723 NW 18 CT  
City-St-Zip: PEMBROKE PINES, FL 33028

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: JUAN F. CASTRO

VP

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date