

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000039051

FILED
Mar 25, 2011
Secretary of State

Entity Name: THE LAKES HOME HEALTH AGENCY, INC

Current Principal Place of Business:

5803 NW 151 STREET
SUITE 205
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5803 NW 151 STREET
SUITE 205
MIAMI LAKES, FL 33014

New Mailing Address:

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
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

OFFICERS AND DIRECTORS:

Title: P
Name: HUGO, GARCIA SR.
Address: 11111 BRICKELL BAY DR, #1810
City-St-Zip: MIAMI, FL 33131

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

Title: S
Name: DE LEON, ADALGIZA
Address: 1771 W 62ND ST.
City-St-Zip: HIALEAH, FL 33012 US

Title: T
Name: DE LEON, ADALGIZA
Address: 1771 W 62ND ST.
City-St-Zip: HIALEAH, FL 33012 US

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 CASTRO

CEO

03/25/2011

Electronic Signature of Signing Officer or Director

Date