

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000039051

**FILED**  
**May 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5901 NW 151 STREET, SUITE 200  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5901 NW 151 STREET, SUITE 200  
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 F CASTRO

VP

05/01/2012

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

\_\_\_\_\_  
Date