

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112509

**FILED**  
**Apr 01, 2008**  
**Secretary of State**

**Entity Name:** ADVOCARE HEALTH ALLIANCE, LLC

**Current Principal Place of Business:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 13-4335817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALE, DONNA M  
14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 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

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: GONZALEZ, ROGER  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete  
Name: RODRIGUEZ, RAUL  
Address: 14101 CPMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: TRES ( ) Delete  
Name: GONZALEZ, ROGER  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: SEC ( ) Delete  
Name: PEREDA, JORGE A  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROGER GONZALEZ

PRES

04/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date