

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112509

FILED  
Jan 26, 2009  
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 (X)

**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:**

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

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: DONNA GALE

01/26/2009

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

01/26/2009

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