

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112509

FILED  
Jan 14, 2011  
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  
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: CM  
Name: RODRIGUEZ, RAUL  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: P  
Name: PEREDA, JORGE A  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP  
Name: JOBLOVE, KAREN  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP  
Name: PINO, PAUL  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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: DONNA GALE

RA

01/14/2011

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