2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000117638

Entity Name: ADVOCATE HOME CARE HOLDINGS, LLC

Current Principal Place of Business:

950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 02-0788957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: MAYMON, DAVID R OWNER
Address: 950 SOUTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

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: DAVID R. MAYMON OWNR 04/27/2009

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