

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117638

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**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:**

7866 W COMMERCIAL BLVD.  
LAUDERHILL, FL 33351

**Current Mailing Address:**

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

**New Mailing Address:**

7866 W COMMERCIAL BLVD.  
LAUDERHILL, FL 33351

**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: MR.  
Name: MAYMON, DAVID R OWNER  
Address: 950 SOUTH PINE ISLAND ROAD  
City-St-Zip: PLANTATION, FL 33324

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: DAVID R. MAYMON

OWNR

02/04/2010

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