

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011262

Entity Name: ADVOCATE HOME HEALTH CARE, INC.**Current Principal Place of Business:**6320 VENTURE DRIVE
SUITE 205
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**6320 VENTURE DRIVE SUITE 205
LAKEWOOD RANCH, FL 34202 US**FEI Number: 75-3101640****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAHL, JANET
Address 6230 VENTURE DR., SUITE 205
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CHIEF FINANCIAL OFFICER
Name CWIERTNIA, DAVID
Address 6230 VENTURE DR., SUITE 205
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CHAIRMAN AND SECRETARY AND
DIRECTOR
Name BISHOP, JUDY
Address 900 N. MICHIGAN AVE., SUITE 1800
City-State-Zip: CHICAGO IL 60611

Title VICE PRESIDENT AND ASSISTANT
SECRETARY AND DIRECTOR
Name JONES, GREGORY K
Address 900 N. MICHIGAN AVE., SUITE 1800
City-State-Zip: CHICAGO IL 60611

Title VICE PRESIDENT AND ASSISTANT
SECRETARY AND DIRECTOR
Name BROWN, SCOTT
Address 900 N. MICHIGAN AVE., SUITE 1800
City-State-Zip: CHICAGO IL 60611

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT BROWN**VICE PRESIDENT AND
ASSISTANT SECRETARY****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date