

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000011262

**Entity Name:** ADVOCATE HOME HEALTH CARE, INC.**Current Principal Place of Business:**8150 NORTH CENTRAL EXPRESSWAY  
SUITE 1800  
DALLAS, TX 75206**Current Mailing Address:**8150 NORTH CENTRAL EXPRESSWAY  
SUITE 1800  
DALLAS, TX 75206 US**FEI Number:** 75-3101640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYES 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            JAMES, LUKE  
Address        8150 NORTH CENTRAL EXPRESSWAY  
                 SUITE 1800  
City-State-Zip: DALLAS TX 75206

Title            COO  
Name            RIGGINS, JANICE  
Address        8150 NORTH CENTRAL EXPRESSWAY  
                 SUITE 1800  
City-State-Zip: DALLAS TX 75206

Title            CFO  
Name            VOGT, JESSICA  
Address        8150 NORTH CENTRAL EXPRESSWAY  
                 SUITE 1800  
City-State-Zip: DALLAS TX 75206

Title            COO  
Name            WALKER, CHRIS A.  
Address        9846 HWY 31 E,  
City-State-Zip: TYLER TX 75705

Title            REGIONAL PRESIDENT  
Name            BURGESS , ANN MARIE  
Address        8150 NORTH CENTRAL EXPRESSWAY  
                 SUITE 1800  
City-State-Zip: DALLAS TX 75206

Title            AUTHORIZED REPRESENTATIVE  
Name            PREMIER HEALTH HOLDINGS, INC.  
Address        8150 NORTH CENTRAL EXPRESSWAY  
                 SUITE 1800  
City-State-Zip: DALLAS TX 75206

*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:** CHRIS A. WALKER**CHIEF OPERATING  
OFFICER****04/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date