

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011262

Entity Name: ADVOCATE HOME HEALTH CARE, INC.

Current Principal Place of Business:

2653 N. LECANTO HIGHWAY
LECANTO, FL 34461

Current Mailing Address:

2653 N. LECANTO HIGHWAY
LECANTO, FL 34461 US

FEI Number: 75-3101640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RON A. RHOADES, P.A.
2450 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442 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 PRES
Name FRANCO, LILIAN M
Address 179 W. MICKEY MANTLE PATH
City-State-Zip: HERNANDO FL 34442

Title VP
Name FRANCO, CORNELIO M
Address 179 W. MICKEY MANTLE PATH
City-State-Zip: HERNANDO FL 34442

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: CORNELIO FRANCO

VP

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date