

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011262

Entity Name: ADVOCATE HOME HEALTH CARE, INC.**Current Principal Place of Business:**5460 63RD STREET EAST
BRADENTON, FL 34203**Current Mailing Address:**5460 63RD STREET EAST
BRADENTON, FL 34203 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	C,S, D
Name	BISHOP, JUDY
Address	5460 63RD STREET EAST
City-State-Zip:	BRADENTON FL 34203

Title	VP, AS, D
Name	BROWN, SCOTT
Address	900 N. MICHIGAN AVENUE SUITE 1800
City-State-Zip:	CHICAGO IL 60611

Title	CFO
Name	POTTER, LISA
Address	5460 63RD STREET EAST
City-State-Zip:	BRADENTON FL 34203

Title	VP, AS, D
Name	JONES, GREGORY K
Address	900 N. MICHIGAN AVENUE SUITE 1800
City-State-Zip:	CHICAGO IL 60611

Title	P
Name	BIMBO, NORMA
Address	5460 63RD STREET EAST
City-State-Zip:	BRADENTON FL 34203

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: LISA POTTER**CFO****03/31/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date