

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000011262

Entity Name: ADVOCATE HOME HEALTH CARE, INC.**Current Principal Place of Business:**8150 NORTH CENTRAL PARKWAY
SUITE 1800
DALLAS, TX 75206**Current Mailing Address:**8150 NORTH CENTRAL PARKWAY
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 33324 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 COO
Name WALKER, CHRIS
Address 8150 NORTH CENTRAL PARKWAY
SUITE 1800
City-State-Zip: DALLAS TX 75206

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

Title CHIEF CLINICAL OFFICER
Name RIGGINS, JANICE
Address 8150 NORTH CENTRAL PARKWAY
SUITE 1800
City-State-Zip: DALLAS TX 75206

Title PRESIDENT
Name JAMES, LUKE
Address 8150 NORTH CENTRAL PARKWAY
SUITE 1800
City-State-Zip: DALLAS TX 75206

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

Title AUTHORIZED REPRESENTATIVE
Name PREMIER HEALTH HOLDINGS, INC.
Address 8150 NORTH CENTRAL PARKWAY
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 WALKER

COO

10/19/2023

Electronic Signature of Signing Officer/Director Detail

Date