

2020 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 | 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 |

| | |
|-----------------|-------------------------|
| Title | P |
| Name | BIMBO, NORMA |
| Address | 6320 VENTURE DR #205 |
| City-State-Zip: | LAKEWOOD RANCH FL 34202 |

| | |
|-----------------|---------------------------------|
| Title | CFO |
| Name | WHITAKER, DUFF |
| Address | 6320 VENTURE DRIVE SUITE 205 |
| City-State-Zip: | LAKEWOOD RANCH FL 34202 |

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**VP/AS/DIRECTOR****01/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date