

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

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****10/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date