

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000090558

Entity Name: ADVOCATE HEALTH SERVICES , INC

Current Principal Place of Business:

4451 NW 36 ST
115
MIAMI SPRING, FL 33166

Current Mailing Address:

4451 NW 36 ST
115
MIAMI SPRING, FL 33166 US

FEI Number: 81-4375395

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, LETICIA
4451 NW 36 ST
115
MIAMI SPRINGS, FL 33166 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: LETICIA CRUZ

01/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CRUZ, LETICIA
Address 16864 SW 145 AVE
City-State-Zip: MIAMI FL 33177

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: LETICIA CRUZ

P

01/14/2019

Electronic Signature of Signing Officer/Director Detail

Date