that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: DAVID MAYMON

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 27-2253775

Current Principal Place of Business:

NRAI SERVICES, INC. 515 E. PARK AVENUE 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

Authorized Person(s) Detail :

Title MR. Name MAYMON, DAVID R OWNER Address 7866 W. COMMERCIAL BLVD. City-State-Zip: LAUDERHILL FL 33351

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and

7866 W COMMERCIAL BLVD. LAUDERHILL, FL 33351

Current Mailing Address:

7866 W COMMERCIAL BLVD. LAUDERHILL, FL 33351

Name and Address of Current Registered Agent:

DOCUMENT# L08000117638 Entity Name: ADVOCATE HOME CARE HOLDINGS, LLC

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Certificate of Status Desired: No

Date

03/22/2013 Date

FILED Mar 22, 2013 Secretary of State CC5209148090