

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000068607

**Entity Name:** ADVOCATE HOME CARE - WEST, LLC

**Current Principal Place of Business:**

5100 NORTH TAMiami TRAIL.  
103  
NAPLES, FL 34103

**Current Mailing Address:**

7866 WEST COMMERCIAL BLVD.  
LAUDERHILL, FL 33351

**FEI Number:** 45-2572432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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

**Authorized Person(s) Detail :**

Title MGR  
Name MAYMON, DAVID  
Address 7866 WEST 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID MAYMON

MGR

04/16/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date