

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000153094

Entity Name: HOSPICE ADVANTAGE, LLC

Current Principal Place of Business:

401 CENTER AVENUE
BAY CITY, MI 48708

Current Mailing Address:

401 CENTER AVENUE
BAY CITY, MI 48708

FEI Number: 20-1591624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT
Name HILDEBRANT, ROD
Address 1400 SOUTH GREENWAY DR.
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name HILDEBRANT, JEFFREY
Address 401 CENTER AVENUE
City-State-Zip: BAY CITY MI 48708

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

SIGNATURE: JEFFREY HILDEBRANT

SECRETARY

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date