

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112509

FILED
Jan 14, 2011
Secretary of State

Entity Name: ADVOCARE HEALTH ALLIANCE, LLC

Current Principal Place of Business:

14101 COMMERCE WAY
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14101 COMMERCE WAY
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 13-4335817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALE, DONNA
14101 COMMERCE WAY
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: CM
Name: RODRIGUEZ, RAUL
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: P
Name: PEREDA, JORGE A
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP
Name: JOBLOVE, KAREN
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP
Name: PINO, PAUL
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information indicated on this 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.

SIGNATURE: DONNA GALE

RA

01/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date