

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070268

FILED
Apr 28, 2009
Secretary of State

Entity Name: ADVOCATES ON CALL LLC

Current Principal Place of Business:

9869C SUMMERBROOK TRAIL
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

1660 RENAISSANCE COMMONS BLVD.,
UNIT 2221
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 26-2967498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ELAINE J
1660 RENAISSANCE COMMONS BLVD.
UNIT 2221
BOYNTON BEACH, FL 33426 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: MGRM () Delete
Name: COHEN, ELAINE J
Address: 1660 RENAISSANCE COMMONS BLVD. UNIT 2221
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: COHEN, GORDON P
Address: 1660 RENAISSANCE COMMONS BLVD. UNIT 2221
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: SMITH, AUDREY
Address: 5717 BOYTON BAY CIRCLE
City-St-Zip: BOYNTON BEACH, FL 334737

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ELAINE J. COHEN

MGRM

04/28/2009

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