2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L08000117154

Entity Name: ADVOCATE HOME CARE SERVICES, LLC

Current Principal Place of Business:

950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 02-0788957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKENNEY, NICOLE
950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MAYMON, DAVID R
950 S. PINE ISLAND ROAD, SUITE A-150
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: DAVID MAYMON 01/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCKENNEY, NICOLE
Address: 950 S. PINE ISLAND ROAD, SUITE A-150
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: OWNR (X) Change ( ) Addition
Name: MAYMON, DAVID R
Address: 950 S. PINE ISLAND ROAD, SUITE A-150
City-St-Zip: PLANTATION, FL 33324

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: DAVID R MAYMON OWNR 01/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date