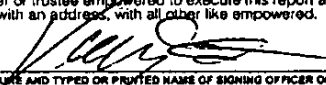


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2008 8:00 am
Secretary of State

03-13-2008 90033 044 ***150.00

DOCUMENT # P07000034874 1. Entity Name ADVOCATE HEALTH CARE INC					
Principal Place of Business 3533 BENERAID ST LAND O LAKES, FL 34638			Mailing Address 3533 BENERAID ST LAND O LAKES, FL 34638		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66007343 	
4. FEI Number 20-8679846				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01212008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ELLINGSON, KAREN L 3533 BENERAID ST LAND O LAKES, FL 34638			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:1		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELLINGSON, KAREN L 3533 BENERAID ST LAND O LAKES, FL 34638	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-21-08 Daytime Phone #		