

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000048093

FILED
Mar 31, 2011
Secretary of State

Entity Name: ADVOCATE COMPANION CARE, INC.

Current Principal Place of Business:

6 LOMA VERDE
LAKELAND, FL 33813

New Principal Place of Business:

501 PEOPLES LANE
LAKELAND, FL 33815

Current Mailing Address:

6 LOMA VERDE
LAKELAND, FL 33813

New Mailing Address:

501 PEOPLES LANE
LAKELAND, FL 33815

FEI Number: 27-2826014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, REBECCA F
6 LOMA VERDE
LAKELAND, FL 33813 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

OFFICERS AND DIRECTORS:

Title: DVP
Name: COLLINS, REBECCA F
Address: 6 LOMA VERDE
City-St-Zip: LAKELAND, FL 33813

Title: T
Name: COLLINS, REBECCA F
Address: 6 LOMA VERDE
City-St-Zip: LAKELAND, FL 33813

Title: D/P
Name: COLLINS, JULIE A
Address: 10 EL RECODO
City-St-Zip: LAKELAND, FL 33813

Title: S
Name: COLLINS, JULIE A
Address: 10 EL RECODO
City-St-Zip: LAKELAND, FL 33813

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA F COLLINS

VP

03/31/2011

Electronic Signature of Signing Officer or Director

Date