

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000090558

Entity Name: ADVOCATE HEALTH SERVICES , INC

Current Principal Place of Business:

4451 NW 36 ST
115
MIAMI SPRING, FL 33166

Current Mailing Address:

4451 NW 36 ST
115
MIAMI SPRING, FL 33166 US

FEI Number: 81-4375395

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, JANY CARIDAD
750 NW 43 AVE
211
MIAMI, FL 33126 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PEREZ, JANY C
Address 750 NW 43 AVE APT 211
City-State-Zip: MIAMI FL 33125

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: JANY PEREZ

PRESIDENT

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date