

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117154

Entity Name: ADVOCATE HOME HEALTH CARE SERVICES, LLC

Current Principal Place of Business:

7866 W COMMERCIAL BLVD.
LAUDERHILL, FL 33351

Current Mailing Address:

7866 W COMMERCIAL BLVD.
LAUDERHILL, FL 33351

FEI Number: 02-0788957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MAYMON, DAVID R
Address 7866 W COMMERCIAL BLVD.
City-State-Zip: LAUDERHILL FL 33351

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MAYMON

MGR

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date