

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000364520

**Entity Name:** ADVOCATE HEALTH, LLC

**Current Principal Place of Business:**

1845 TAMIAMI TRAIL S  
UNIT B  
VENICE, FL 34293

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**1082169863CC**

**Current Mailing Address:**

1845 TAMIAMI TR S  
UNIT B  
VENICE, FL 34293 US

**FEI Number:** 72-1603075

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HALE, DARWIN  
1845 TAMIAMI TR S  
UNIT B  
VENICE, FL 34293 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            MBR  
Name            HALE, DARWIN  
Address        1320 OCELOT RD  
City-State-Zip: VENICE FL 34293

*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:** DARWIN HALE

**CEO**

**02/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date