## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005797

FILED Mar 01, 2011 Secretary of State

Entity Name: ALDERSGATE HEALTHCARE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5300 W 16TH AVENUE HIALEAH, FL 33012

**Current Mailing Address: New Mailing Address:** 

5300 W 16TH AVENUE HIALEAH, FL 33012

FEI Number: 16-1676092 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:** 

WILLIAM, JACOBS Name:

Address: 1500 MIAMI CENTER, 201 BISCAYNE BLVD

City-St-Zip: MIAMI, FL 33131

Title:

Name: RICE-SCHILD, KELLEY Address: 47 NW 32 PLACE City-St-Zip: MIAMI, FL 33125

Title:

STEWART, GERTRUDE Name: Address: 17037 NW 66 COURT City-St-Zip: HIALEAH, FL 33015

Title: D

Name: FARR, LYN

7310 JACARANDA LANE Address: City-St-Zip: MIAMI LAKES, FL 33014

Title:

LANDRUM, PAUL Name: 1030 ALFONSO AVENUE Address: CORAL GABLES, FL 33146 City-St-Zip:

Title:

PALERMO-LAWRENCE, CINDY Name: Address: 200 LESLIE DRIVE, APT 420 HALLANDALE BEACH, FL 30009 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BILLY CONOL CONT 03/01/2011