

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28414

FILED
Jan 21, 2009
Secretary of State

Entity Name: ALLIANCE FOR AGING, INC.

Current Principal Place of Business:

9500 S. DADELAND BLVD.
SUITE 400
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9500 S. DADELAND BLVD.
SUITE 400
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0101947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHMAN, MAX B
9500 SOUTH DADELAND BLVD.1
SUITE 400
MIAMI, FL 33156 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: S () Delete
Name: MAURER, GEORGE
Address: 1800 ATLANTIC BLVD #119-C
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: POPE, SUZETTE
Address: 3425 NW 4 TERRACE
City-St-Zip: MIAMI, FL 33126

Title: PCEO () Delete
Name: BROWN, MAX B
Address: 9500 S DADELAND BLVD #400
City-St-Zip: MIAMI, FL 33156

Title: CHAI () Delete
Name: COZAD, ROSA
Address: 300 S. PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: VC () Delete
Name: THOMPkins, RONALD
Address: 500 NW 165TH STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: POPE, SUZETTE S
Address: 3925 NW 4 TERRACE
City-St-Zip: MIAMI, FL 33126

Title: T (X) Change () Addition
Name: MAURER, GEORGE
Address: 1800 ATLANTIC BLVD. #119-C
City-St-Zip: KEY WEST, FL 33040

Title: PCEO (X) Change () Addition
Name: ROTHMAN, MAX B
Address: 9500 S DADELAND BLVD #400
City-St-Zip: MIAMI, FL 33156

Title: CHAI (X) Change () Addition
Name: THOMPkins, RONALD
Address: 500 NW 165 ST. RD., SUITE 205
City-St-Zip: MIAMI, FL 33169

Title: VC (X) Change () Addition
Name: JERRY, SANTEIRO
Address: 8300 NW 53 ST., SUITE 402
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAX B. ROTHMAN, JD, LL.M.

PCEO

01/21/2009

Electronic Signature of Signing Officer or Director

Date