

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N03000005797

Entity Name: ALDERSGATE HEALTHCARE, INC.

Current Principal Place of Business:

5300 W 16TH AVENUE
HIALEAH, FL 33012

Current Mailing Address:

PO BOX 22617
HIALEAH, FL 33002 US

FEI Number: 16-1676092

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: RICHARD FLYNN

12/08/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR, DIRECTOR
Name MOUNTAIN, ELVIRA
Address PO BOX 22617
City-State-Zip: HIALEAH FL 33002

Title DIRECTOR
Name DUNAJ, MICHELLE
Address PO BOX 22617
City-State-Zip: HIALEAH FL 33002

Title DIRECTOR
Name VELASCO, RUBEN
Address PO BOX 22617
City-State-Zip: HIALEAH FL 33002

Title DIRECTOR
Name WARREN, AUDREY
Address PO BOX 22617
City-State-Zip: HIALEAH FL 33002

Title DIRECTOR
Name STEWART, GERTRUDE
Address PO BOX 22617
City-State-Zip: HIALEAH FL 33002

Title DIRECTOR
Name PIERRE-OKERSON, MARIE JUDITH
Address PO BOX 22617
City-State-Zip: HIALEAH FL 33002

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: RUBEN VELASCO

DIRECTOR

12/08/2023

Electronic Signature of Signing Officer/Director Detail

Date