

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

DOCUMENT# N03000005797

**Entity Name:** ALDERSGATE HEALTHCARE, INC.

**Current Principal Place of Business:**

5300 W 16TH AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

5300 W 16TH AVENUE  
HIALEAH, FL 33012

**FEI Number:** 16-1676092

**Certificate of Status Desired:** Yes

**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

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name MOUNTAIN, ELVIRA  
Address 5300 W 16TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title EXECUTIVE DIRECTOR  
Name SIMON LOZANO, MADELYN  
Address 5300 WEST 16TH AVENUE  
City-State-Zip: HIALEAH FL 33012

*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:** MADELYN SIMON LOZANO

EXECUTIVE DIRECTOR

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date