

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006479

**Entity Name:** VANDOR GERIATRIC HOMECARE, INC

**Current Principal Place of Business:**

2110 NORTH 46 AVE  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

2110 NORTH 46 AVE  
HOLLYWOOD, FL 33021

**FEI Number:** 90-0413099

**Certificate of Status Desired:** No

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

LIBURD, ADRIAN E  
433 SW 24 AVE  
FORT LAUDERDALE, FL 33312 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

**Officer/Director Detail :**

Title P  
Name ROBERTS, DOROTHY  
Address 4631 WEST PARK RD  
City-State-Zip: HOLLYWOOD FL 33021

Title VP  
Name ROBERTS, IVAN  
Address 4631 WEST PARK RD  
City-State-Zip: HOLLYWOOD FL 33021

Title MBR  
Name LIBURD, ADRIAN  
Address 433 SW 24 AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP  
Name URIZER, HUGO  
Address 111 ROYAL AVE  
City-State-Zip: FAIRFIELD CT 06825

*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:** DOROTHY ROBERTS

**MGR**

**04/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date