

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

DOCUMENT# N28414

**Entity Name:** ALLIANCE FOR AGING, INC.

**Current Principal Place of Business:**

760 NW 107TH AVENUE  
SUITE 214  
MIAMI, FL 33172

**Current Mailing Address:**

760 NW 107TH AVENUE  
SUITE 214  
MIAMI, FL 33172

**FEI Number:** 65-0101947

**Certificate of Status Desired:** Yes

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

ROTHMAN, MAX B  
760 NW 107TH AVENUE  
SUITE 214  
MIAMI, FL 33172 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           TREASURER  
Name           MARTIN, PAM  
Address        217 CORAL RD  
City-State-Zip: ISLAMORADA FL 33036-3117

Title           CHAIRMAN  
Name           IVERIS, MARTINEZ L PHD  
Address        16746 SW 51 STREET  
City-State-Zip: MIRAMAR FL 33027-4917

Title           PCEO  
Name           ROTHMAN, MAX B  
Address        760 NW 107TH AVENUE #214  
City-State-Zip: MIAMI FL 33172

Title           VC  
Name           GLORIA, ARRITOLA G  
Address        17554 SW 12TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029-4806

Title           SECRETARY  
Name           GLORIA, PERUYERA M  
Address        7420 SW 131 AVE  
City-State-Zip: MIAMI FL 33183-3464

*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:** MAX B ROTHMAN

**PRESIDENT/CEO**

**01/29/2018**

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

\_\_\_\_\_  
Date