

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 RAMS, MARILYN
Address 11285 SW 221 ST #206
City-State-Zip: MIAMI FL 33189

Title CHAIRMAN
Name FOLEY, ROBERT H DVN
Address P.O BOX 369
City-State-Zip: ISLAMORADA FL 33036

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

Title VC
Name LESSER, CAREN
Address 8300 NW 53 STREET
 #402
City-State-Zip: MIAMI FL 33166

Title SECRETARY
Name HARRIS, LORRAINE
Address 1851 NW 170 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title CFO
Name SEMO, LAURIE
Address 760 NW 107TH AVENUE
 SUITE 214
City-State-Zip: MIAMI FL 33172

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

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date