## 2015 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

**FILED** Jan 28, 2015 **Secretary of State** CC8248554783

## **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:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

Title **TREASURER** Title **CHAIRMAN** 

FOLEY, ROBERT H DVN Name RAMS, MARILYN Name

11285 SW 221 ST #206 Address P.O BOX 369 Address

ISLAMORADA FL 33036 City-State-Zip: MIAMI FL 33189 City-State-Zip:

VC Title **PCEO** Title

Name LESSER, CAREN ROTHMAN, MAX B Name

Address 8300 NW 53 STREET Address 760 NW 107TH AVENUE #214 #402

MIAMI FL 33172

City-State-Zip: City-State-Zip: MIAMI FL 33166

Title **SECRETARY** 

Name HARRIS. LORRAINE Name SOBERON-FERRER, HORACIO DR.

Address 1851 NW 170 STREET Address 760 NW 107TH AVENUE

City-State-Zip: MIAMI GARDENS FL 33056

**SUITE 214** 

CFO

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

01/28/2015