

**2023 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           BELLINSON, ANDREW ESQ.  
Address        12555 BISCAYNE BLVD.  
                  #762  
City-State-Zip: MIAMI FL 33181

Title           CHAIRMAN  
Name           CHIN, LISA  
Address        9555 SW 162ND AVE  
City-State-Zip: MIAMI FL 33176

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

Title           SECRETARY  
Name           LLORENTE, OSCAR  
Address        2845 AVENTURA BLVD  
                  SUITE 110  
City-State-Zip: AVENTURA FL 33180

Title           VICE CHAIR  
Name           LOPEZ, PETER J  
Address        SAINZ MANAGEMENT GROUP  
                  P.O. BOX 942521  
City-State-Zip: MIAMI FL 33194

*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**

**03/15/2023**

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

\_\_\_\_\_  
Date