

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003980

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**2249042351CC**

**Entity Name:** ALLIANCE FOR AGING FOUNDATION, 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:** 65-0497535

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

Title VC  
Name MANNING, SHERYL J  
Address 4000 PONCE DE LEON BLVD  
SUITE 470  
City-State-Zip: CORAL GABLES FL 33146

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

Title TREASURER  
Name MARTIN, PAM D MHS  
Address 217 CORAL RD  
City-State-Zip: ISLAMORADA FL 33036-3117

Title CHAIRMAN  
Name ARRITOLA, MADELEINE G MBA  
Address 9400 S. DADELAND BLVD  
SIUTE 315  
City-State-Zip: MIAMI FL 33156

*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**

**01/29/2019**

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

\_\_\_\_\_  
Date