

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003980

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

**FILED**  
**Jan 08, 2016**  
**Secretary of State**  
**CC6898254950**

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

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

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

Title TREASURER  
Name RAMS, MARILYN MHS  
Address 11285 SW 211 ST SUITE 206  
City-State-Zip: MIAMI FL 33189

Title CHAIRMAN  
Name FOLEY, ROBERT H DVM  
Address PO BOX 369  
City-State-Zip: ISLA MORADA FL 33036

Title CFO  
Name MCNEESE, STANLEY  
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: STANLEY MCNEESE**

**CFO**

**01/08/2016**

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

\_\_\_\_\_  
Date