

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000027254

Entity Name: ALTERCARE LLC

Current Principal Place of Business:

210 N. UNIVERSITY DR.
SUITE 402
CORAL SPRINGS, FL 33071

Current Mailing Address:

210 N. UNIVERSITY DR.
SUITE 402
CORAL SPRINGS, FL 33071 US

FEI Number: 20-0110337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNCH, MARCELLA
ALTERCARE
210 N. UNIVERSITY DR. SUITE 402
CORAL SPRINGS, FL 33071 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: MARCELLA LYNCH

10/24/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name LYNCH, MARCELLA
Address 18 BROADRIVER RD
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY
Name HADLEY, BARBARA
Address 1022 BRIGHTON WAY
City-State-Zip: LAKELAND FL 33813

Title MANAGER
Name VITALITY HOME CARE, INC. C/O
KINDERHOOK INDUSTRIES
Address 521 FIFTH AVENUE
34TH FLOOR NEW YORK
City-State-Zip: NEW YORK FL 10175

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCELLA LYNCH

CEO

10/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date