

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027254

Entity Name: ALTERCARE LLC

Current Principal Place of Business:

1001 WEST CYPRESS CREEK ROAD
SUITE 308
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1001 WEST CYPRESS CREEK ROAD
SUITE 308
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-0110337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORETSKY, DAVID
ALTERCARE
1001 W CYPRESS CREEK RD STE 308
FT LAUDERDALE, FL 33309 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

Authorized Person(s) Detail :

Title EVP
Name DORETSKY, DAVID I
Address 19667 TURNBERRY WAY
APT 24 C
City-State-Zip: AVENTURA FL 33180

Title MGR
Name LEVITIN, MALCOLM
Address 349 LINCOLN AVE
City-State-Zip: ROCKVILLE CENTER NY 11570

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: DAVID DORETSKY

EXEC V P

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date