

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000009849

Entity Name: ALTERCARE OF PALM BEACH COUNTY, LLC

Current Principal Place of Business:

4731 W ATLANTIC AVENUE
B-10
DELRAY BEACH, FL 33445

Current Mailing Address:

4731 W ATLANTIC AVENUE
B-10
DELRAY BEACH, FL 33445 US

FEI Number: 11-3836040

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LYNCH, MARCELLA
1001 W CYPRESS CREEK ROAD 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: MARCELLA LYNCH

08/22/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	SECRETARY
Name	LYNCH, MARCELLA	Name	HADLEY, BARBARA
Address	18 BROADRIVER RD	Address	1022 BRIGHTON WAY
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	LAKELAND FL 33813
Title	MANAGER		
Name	VITALITY HOME CARE, INC. C/O KINDERHOOK INDUSTRIES		
Address	521 FIFTH AVENUE 34TH FLOOR		
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

08/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date