

**2013 FLORIDA LIMITED LIABILITY COMPANY 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:** No

**Name and Address of Current Registered Agent:**

POSNER, ALAN JMR.  
7404 BONDSBERRY CT.  
BOCA RATON, FL 33434 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 MGR  
Name POSNER, ALAN JMR.  
Address 7404 BONDSBERRY CT.  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name DORETSKY, DAVE  
Address 19667 TURNBERRY WAY  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVE DORETSKY

EXEC VP

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date