

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003313

**Entity Name:** ALTER+CARE FLORIDA HEALTHCARE, LLC

**Current Principal Place of Business:**

THE ALTER GROUP, LTD  
3201 OLD GLENVIEW ROAD SUITE 302  
WILMETTE, IL 60091

**Current Mailing Address:**

THE ALTER GROUP, LTD  
3201 OLD GLENVIEW ROAD SUITE 302  
WILMETTE, IL 60091 US

**FEI Number:** 36-4294403

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MGR
Name	SIEGEL, RONALD	Name	FREEDMAN, LAWRENCE
Address	THE ALTER GROUP, LTD 3201 OLD GLENVIEW ROAD SUITE 302	Address	77 W WASHINGTON ST - STE 1211
City-State-Zip:	WILMETTE IL 60091	City-State-Zip:	CHICAGO IL 60602

*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:** RONALD SIEGEL

**MANAGER**

**03/14/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date