2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005797

1. Entity Name
ALDERSGATE HEALTHCARE, INC.

FILED
04 APR 21 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
850 ANASTASIA AVENUE CORAL GABLES, FL 33134	850 ANASTASIA AVENUE CORAL GABLES, FL 33134

03292004 Chg-NP CR2E037 (10/03) 04

2. Principal Place of Business	3. Mailing Address
5300 W 16 AVE	5300 W 16 AVE
Suite, Apt. #, etc. HIALEAH, FL	Suite, Apt. #, etc. HIALEAH, FL
City & State	City & State
Zip 33012 Country USA	Zip 33012 Country USA

4. FEI Number 16-1676092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1500 (WNJ)
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian St.
City Tallahassee **FL** Zip Code 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Asst. Secretary DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROCK, JAMES 850 ANASTASIA AVENUE CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900035724519 05/06/04--01073--010 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALDWELL, MARK 14800 N.W. 67TH AVENUE MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRANDA, JAY 1475 WEST 49TH STREET HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLORIA DELGADO, MSW HIALEAH HOSPITAL 651 E. 25 STREET HIALEAH, FL 33013	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY ROBERTS 15060 EGAN LN MIAMI LAKES, FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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