

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005797

FILED
Apr 12, 2008
Secretary of State

Entity Name: ALDERSGATE HEALTHCARE, INC.

Current Principal Place of Business:

5300 W 16TH AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5300 W 16TH AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 16-1676092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAM, JACOBS
Address: 1500 MIAMI CENTER, 201 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: FEATHERS, GARY
Address: 9561 SW 123RD ST
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: RICE-SCHILD, KELLEY
Address: 47 NW 32ND PLACE
City-St-Zip: MIAMI, FL 33125

Title: S () Delete
Name: STEWART, GERTRUDE
Address: 17037 NW 66TH COURT
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: FARR, LYN
Address: 7310 JACARANDA LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: PRUITT, JONAH
Address: 837 NAVARRE AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB NEWMAN

MR

04/12/2008

Electronic Signature of Signing Officer or Director

Date