2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000005797

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:	D	(X) Delete
Name:	FEATHERS, GARY	
Address:	9561 SW 123 ST	
City-St-Zip:	MIAMI, FL 33176	
Title:	P	( ) Delete
Name:	RICE-SCHILD, KELLEY	
Address:	47 NW 32 PLACE	
City-St-Zip:	MIAMI, FL 33125	
Title:	S	( ) Delete
Name:	STEWART, GERTRUDE	
Address:	17037 NW 66 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:	T	( ) Delete
Name:	LANDRUM, PAUL	
Address:	1030 ALFONSO AVENUE	
City-St-Zip:	CORAL GABLES, FL 33146	

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: BILLY CONOL MR. 03/23/2009

Electronic Signature of Signing Officer or Director — Date