2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2014
Secretary of State
CC1723354317

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Entity Name: ALDERSGATE HEALTHCARE, INC.

Current Principal Place of Business:

5300 W 16TH AVENUE
HIALEAH, FL 33012

Current Mailing Address:

5300 W 16TH AVENUE
HIALEAH, FL 33012

FEI Number: 16-1676092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
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

Officer/Director Detail :

Title	D
Name	JACOBS, WILLIAM
Address	1500 MIAMI CENTER, 201 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33131

Title	D
Name	FARR, LYN
Address	7310 JACARANDA LANE
City-State-Zip:	MIAMI LAKES FL 33014

Title	P
Name	PALERMO-LAWRENCE, CINDY
Address	200 LESLIE DRIVE, APT 420
City-State-Zip:	HALLANDALE BEACH FL 30009

Title	S
Name	STEWART, GERTRUDE
Address	17037 NW 66 COURT
City-State-Zip:	HIALEAH FL 33015

Title	D
Name	LANDRUM, PAUL
Address	1030 ALFONSO AVENUE
City-State-Zip:	CORAL GABLES FL 33146

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 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 all other like empowered.

SIGNATURE: WILLIAM JACOBS PRESIDENT 03/04/2014

Electronic Signature of Signing Officer/Director Detail — Date