2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005797

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:

NRAI SERVICES, 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: RICHARD FLYNN 03/29/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title CHAIRMAN

NameMCNAUGHTON, RUTHNamePIERRE-OKERSON, JUDITHAddress5300 WEST 16TH AVE.Address5300 WEST 16TH AVE.

City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Title SECRETARY Title VC

NameSTEWART, GERTRUDENameNICHOLS, DENNISAddress5300 W 16TH AVENUEAddress5300 W 16TH AVENUECity-State-Zip:HIALEAH FL 33012City-State-Zip:HIALEAH FL 33012

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: JUDITH PIERRE-OKERSON

CHAIRMAN

03/29/2018

FILED Mar 29, 2018

Secretary of State

CC3765018968

Date