

2013 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:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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 WILLIAM, JACOBS
Address 1500 MIAMI CENTER, 201 BISCAYNE
BLVD
City-State-Zip: MIAMI FL 33131

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

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

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

Title P
Name PALERMO-LAWRENCE, CINDY
Address 200 LESLIE DRIVE, APT 420
City-State-Zip: HALLANDALE BEACH FL 33009

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

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date