

2021 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

04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MCNAUGHTON, RUTH
Address 5300 WEST 16TH AVE.
City-State-Zip: HIALEAH FL 33012

Title CHAIRMAN
Name PIERRE-OKERSON, JUDITH
Address 5300 WEST 16TH AVE.
City-State-Zip: HIALEAH FL 33012

Title VC
Name MOUNTAIN, ELVIRA
Address 5300 W 16TH AVENUE
City-State-Zip: HIALEAH FL 33012

Title TREASURER
Name LADNER, ROBERT
Address 5300 WEST 16TH AVENUE
City-State-Zip: HIALEAH FL 33012

Title EXECUTIVE DIRECTOR
Name SIMON LOZANO, MADELYN
Address 5300 WEST 16TH AVENUE
City-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

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date