## **2023 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: Yes

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 04/27/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIR Title EXECUTIVE DIRECTOR

Name MOUNTAIN, ELVIRA Name SIMON LOZANO, MADELYN

Address 5300 W 16TH AVENUE Address 5300 WEST 16TH AVENUE

City-State-Zip: HIALEAH FL 33012 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: MADELYN SIMON LOZANO

**EXECUTIVE DIRECTOR** 

04/27/2023

FILED Apr 27, 2023

**Secretary of State** 

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