

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003979

**Entity Name:** WORKFORCE ALTERNATIVE, INC.

**Current Principal Place of Business:**

2054 VISTA PARKWAY  
SUITE 300  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2054 VISTA PARKWAY  
SUITE 300  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 65-0727082

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., SUITE 4  
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            PRESIDENT, CEO  
Name            PERLBERG, MARK C  
Address        2054 VISTA PARKWAY  
                  SUITE 300  
City-State-Zip: WEST PALM BEACH FL 33411

Title            VP  
Name            GIBSON, JOHN  
Address        911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title            CFO, TREASURER, DIRECTOR  
Name            RIVERA, EFRAIN P  
Address        900 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title            SEVRETARY  
Name            SCHAEFFER, STEPHANIE  
Address        911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK PERLBERG

**PRESIDENT**

**03/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date