

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000181847

**Entity Name:** EW ALF, LLC

**Current Principal Place of Business:**

3001 MIDDLE URBANA ROAD  
SPRINGFIELD, OH 45502

**Current Mailing Address:**

15310 AMBERLY DRIVE  
SUITE 185  
TAMPA, FL 33647 US

**FEI Number:** 47-2188648

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC  
1201 PEACHTREE STREET N.E.  
ATLANTA, FL 30361 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

**Authorized Person(s) Detail :**

Title MGR  
Name PWW HEALTHCARE LLC  
Address PO BOX 46175  
City-State-Zip: TAMPA FL 33646

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE WERTHEIM

MANAGER

07/27/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date