

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000049714

**Entity Name:** MEDICAL CENTER OF AVENTURA HOLDING INC

**Current Principal Place of Business:**

5230 N 35TH STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

5230 N 35TH STREET  
HOLLYWOOD, FL 33021

**FEI Number: 81-2872173**

**Certificate of Status Desired: No**

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

KRAWIECKI, APRIL  
5230 N 35TH STREET  
HOLLYWOOD, FL 33021 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 P  
Name KRAWIECKI, ALEX/APRILJTBE  
Address 5230 N 35TH STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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: KRAWIECKI , ALEX/APRILJTBE**

**PRESIDENT**

**03/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date