

2018 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: ALEX/APRILJTBE KRAWIECKI

MGR

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date