# Entity Name: AVENTURA COMPREHENSIVE CANCER RESEARCH GROUP OF FLORIDA, INC.

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

ONE PARK PLAZA NASHVILLE, TN 37203

#### **Current Mailing Address:**

DOCUMENT# P97000039475

P.O. BOX 750 NASHVILLE, TN 37202 US

### FEI Number: 62-1690131

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

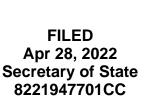
## **Officer/Director Detail :**

	Title	DP	Title	DVPA
	Name	SAMUEL, HAZEN N	Name	FRANCK, JOHN M II
	Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
	City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203
	Title	DSVP	Title	VPS
	Name	WYATT, CHRISTOPHER F	Name	CLINE, NATALIE H.
	Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
	City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203
	Title	SVPT	Title	VP
	Name	HACKETT, JOHN M.	Name	GRUBBS, RONALD L JR.
	Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
	City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203

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: NATALIE H. CLINE

VPS



Date

Electronic Signature of Signing Officer/Director Detail