18600 COLLIN SUNNY ISLES	NS AVE. S BEACH, FL 33160			
Current Ma	ailing Address:			
18600 COL SUNNY ISI	LINS AVE. LES BEACH, FL 33160 US			
FEI Number: 65-0972857			Certificate of Status Desired: No	
Name and	Address of Current Registered Agent:			
MONICA, ENF 18600 COLLIN SUNNY ISLES	NS AVE. S BEACH, FL 33160 US			
18600 COLLIN SUNNY ISLES	-	registered office or regis	tered agent, or both, in the State of Flo	rida.
18600 COLLIN SUNNY ISLES The above name	S BEACH, FL 33160 US	registered office or regis	tered agent, or both, in the State of Flc	rida. 03/18/2020
18600 COLLIN SUNNY ISLES The above name	S BEACH, FL 33160 US ed entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	
18600 COLLIN SUNNY ISLES The above nam SIGNATUR	S BEACH, FL 33160 US ed entity submits this statement for the purpose of changing its E: MONICA ENRIQUEZ Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flo	03/18/2020
18600 COLLIN SUNNY ISLES The above nam SIGNATUR	S BEACH, FL 33160 US ed entity submits this statement for the purpose of changing its E: MONICA ENRIQUEZ	registered office or regis	tered agent, or both, in the State of Flo	03/18/2020
18600 COLLIN SUNNY ISLES The above nam SIGNATUR Authorized	S BEACH, FL 33160 US ed entity submits this statement for the purpose of changing its RE: MONICA ENRIQUEZ Electronic Signature of Registered Agent I Person(s) Detail :			03/18/2020
18600 COLLIN SUNNY ISLES The above name SIGNATUR Authorized Title	S BEACH, FL 33160 US ed entity submits this statement for the purpose of changing its E: MONICA ENRIQUEZ Electronic Signature of Registered Agent I Person(s) Detail : MGRM	Title	MGRM	03/18/2020

DOCUMENT# L0000000475

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AVENTURA HEART CENTER, LLC

Current Principal Place of Business:

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: ARIADNA BALAGUER

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 18, 2020 **Secretary of State** 2999940419CC