

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000475

**Entity Name:** AVENTURA HEART CENTER, LLC

**Current Principal Place of Business:**

2845 AVENTURA BLVD., SUITE 249  
AVENTURA, FL 33180

**Current Mailing Address:**

2845 AVENTURA BLVD., SUITE 249  
AVENTURA, FL 33180

**FEI Number:** 65-0972857

**Certificate of Status Desired:** No

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

BERKOWITZ, RICHARD A  
200 SOUTH BISCAYNE BLVD.  
6TH FLOOR  
MIAMI, FL 33131 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	MGRM	Title	MGRM
Name	KORN, DAVID	Name	RASKEN, ROBERT
Address	2845 AVENTURA BLVD., SUITE 249	Address	2845 AVENTURA BLVD., SUITE 249
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID KORN

MGRM

03/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date