

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000154625

**Entity Name:** AVENTURA SINUS, ALLERGY & ASTHMA CENTER LLC

**Current Principal Place of Business:**

2999 NE 191 ST  
SUITE 200  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 NE 191 ST  
SUITE 200  
AVENTURA, FL 33180

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WELLER, ANN  
2625 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 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            AMBR  
Name            JESSE SALMERON MD PA  
Address        299 NE 191 ST, STE 200  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JESSE SALMERON

MBR

04/29/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date