

2019 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

AMBR

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date