

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 020 ***150.00

DOCUMENT # F02000004624

1. Entity Name
AVENTURA CARE CENTER, INC.



Principal Place of Business
**71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

Mailing Address
**71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4506592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DC
PRITZKER, PENNY
71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PRITZKER, NICHOLAS J
71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVC
POORMAN, JOHN KEVIN
71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VTAS
SMITH, GARY
71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VS
FIELDS, STEPHANIE
71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
RICHARDSON, RANDAL
71 S. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Fields

2/29/08

Date

(312) 803-8800

Daytime Phone #