

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004624

FILED
Apr 12, 2011
Secretary of State

Entity Name: AVENTURA CARE CENTER, INC.

Current Principal Place of Business:

71 S. WACKER DRIVE
SUITE 900
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

71 S. WACKER DRIVE
900
CHICAGO, IL 60606

New Mailing Address:

71 S. WACKER DRIVE
SUITE 900
CHICAGO, IL 60606

FEI Number: 36-4506592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC
Name: PRITZKER, PENNY S
Address: 71 S. WACKER DRIVE, SUITE 900
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: PRITZKER, NICHOLAS J
Address: 71 S. WACKER DRIVE, SUITE 900
City-St-Zip: CHICAGO, IL 60606

Title: DVC
Name: POORMAN, JOHN K
Address: 71 S. WACKER DRIVE, SUITE 900
City-St-Zip: CHICAGO, IL 60606

Title: VTAS
Name: SMITH, GARY A
Address: 71 S. WACKER DRIVE, SUITE 900
City-St-Zip: CHICAGO, IL 60606

Title: VS
Name: FIELDS, STEPHANIE W
Address: 71 S. WACKER DRIVE, SUITE 900
City-St-Zip: CHICAGO, IL 60606

Title: P
Name: RICHARDSON, RANDAL J
Address: 71 S. WACKER DRIVE, SUITE 900
City-St-Zip: CHICAGO, IL 60606

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE W. FIELDS

VS

04/12/2011

Electronic Signature of Signing Officer or Director

Date