

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M23151

FILED
Jul 17, 2007
Secretary of State

Entity Name: AVENTURA MEDICAL OFFICES, INC.

Current Principal Place of Business:

2925 AVENTURA BLVD
STE 203
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2925 AVENTURA BLVD
STE 203
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 59-2622233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, ARNOLD P., M.D.
9720 W. BROADVIEW DR
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

CARTER, ARNOLD P., M.D.
9720 W. BROADVIEW DR
BAY HARBOR ISLAND, FL 33154 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

07/17/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, ARNOLD P.,
Address: 9720 W BROADVIEW DR.
City-St-Zip: BAY HARBOR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARTER, ARNOLD P.,
Address: 9720 W BROADVIEW DR.
City-St-Zip: BAY HARBOR ISLAND, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARNOLD P CARTER

PRES

07/17/2007

Electronic Signature of Signing Officer or Director

Date