

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104417

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** AVENTURA WELLNESS & RERHAB CENTER, INC.

**Current Principal Place of Business:**

2440 NE MIAMI GARDENS DR  
#101  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2440 NE MIAMI GARDENS DR  
#101  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 03-0373995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREAU, ALEXANDER DC  
2440 NE MIAMI GARDENS DR  
#101  
MIAMI, FL 33180 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: D  
Name: GREAU, ALEXANDER  
Address: 2440 NE MIAMI GARDENS DR. #101  
City-St-Zip: MIAMI, FL 33027 US

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: ALEXANDER GREAU, DIRECTOR

D

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date