

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103303

**FILED**  
**Sep 02, 2008**  
**Secretary of State**

**Entity Name:** AVENTURA INSTITUTE FOR CARDIOVASCULAR WELLNESS, P.A.

**Current Principal Place of Business:**

1930 HARRISON STREET  
304  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

1930 HARRISON STREET  
SUITE 304  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1930 HARRISON STREET  
304  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1930 HARRISON STREET  
SUITE 304  
HOLLYWOOD, FL 33020

**FEI Number:** 20-5347765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACKERMANN, ALAN  
1930 HARRISON STREET  
304  
HOLLYWOOD, FL 33020 US

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

ACKERMANN, ALAN  
1930 HARRISON STREET  
SUITE 304  
HOLLYWOOD, FL 33020 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: ALAN ACKERMANN

09/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ACKERMANN, ALAN  
Address: 1930 HARRISON STREET #304  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ACKERMANN, ALAN  
Address: 1930 HARRISON STREET SUITE 304  
City-St-Zip: HOLLYWOOD, FL 33020

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: ALAN ACKERMANN

PD

09/02/2008

Electronic Signature of Signing Officer or Director

Date