

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000103303

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1930 HARRISON STREET  
SUITE 304  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

21097 NE 27 CT  
SUITE 580  
AVENTURA, FL 33180

**Current Mailing Address:**

1930 HARRISON STREET  
SUITE 304  
HOLLYWOOD, FL 33020

**New Mailing Address:**

21097 NE 27 CT  
SUITE 580  
AVENTURA, FL 33180

**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  
SUITE 304  
HOLLYWOOD, FL 33020 US

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

ACKERMANN, ALAN  
21097 NE 27TH CT  
SUITE 580  
AVENTURA, FL 33180 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:

03/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACKERMANN, ALAN  
Address: 21097 NE 27 CT #580  
City-St-Zip: AVENTURA, FL 33180

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: ALAN ACKERMANN

PD

03/26/2011

Electronic Signature of Signing Officer or Director

Date