

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103303

FILED
Mar 20, 2012
Secretary of State

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

Current Principal Place of Business:

21097 NE 27 CT
SUITE 580
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21097 NE 27 CT
SUITE 580
AVENTURA, FL 33180

New Mailing Address:

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
21097 NE 27TH CT
SUITE 580
AVENTURA, 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: 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

03/20/2012

Electronic Signature of Signing Officer or Director

Date