

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122355

FILED
Sep 13, 2007
Secretary of State

Entity Name: AVENTURA INSTITUTE FOR WOMEN'S HEALTH CARE, P.A.

Current Principal Place of Business:

21150 BISCAYNE BOULEVARD
SUITE 200
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21150 BISCAYNE BOULEVARD
SUITE 200
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SARIOL, MARIA D ESQ
2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 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

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: P,D () Delete
Name: REINERTSON, LAURA E M.D.
Address: 21150 BISCAYNE BOULEVARD, SUITE 200
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURA REINERTSON

P,D

09/13/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date