


**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90071 006 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P06000122355			
1. Entity Name AVENTURA INSTITUTE FOR WOMEN'S HEALTH CARE, P.A.			
Principal Place of Business 21150 BISCAYNE BOULEVARD SUITE 200 AVENTURA, FL 33180		Mailing Address 21150 BISCAYNE BOULEVARD SUITE 200 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SARIOL, MARIA D ESO 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Laura E. Reinertson, M.D.</i> DATE: <i>2/13/08</i> <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agents signature are required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.O. <input type="checkbox"/> Delete REINERTSON, LAURA E M.D. 21150 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Laura E. Reinertson MD</i>		Date: <i>1/8/08</i> (305) 932-8987	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

FE + T  
 510605427  
 66001270



01032008 Chg-P CR2E034 (12/06) *eff: 10/17/06*

4. FEI Number APPLIED FOR 510605427  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required