

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2011
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:

2925 AVENTURA BLVD
AVENTURA, FL 33180

Current Mailing Address:

21150 BISCAYNE BOULEVARD
SUITE 200
AVENTURA, FL 33180

New Mailing Address:

2925 AVENTURA BLVD
AVENTURA, FL 33180

FEI Number: 51-0605427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARIEL, 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

OFFICERS AND DIRECTORS:

Title: P,D
Name: REINERTSON, LAURA E M.D.
Address: 2925 AVENTURA BLVD
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: LAURA REINERTSON

PRES

03/19/2011

Electronic Signature of Signing Officer or Director

Date