**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**May 01, 2022**
**Secretary of State**
**9563842066CC**

DOCUMENT# P01000104417

**Entity Name:** AVENTURA WELLNESS & REHAB CENTER, INC.

**Current Principal Place of Business:**

2420 NE MIAMI GARDENS DR
200
MIAMI, FL 33180

**Current Mailing Address:**

2420 NE MIAMI GARDENS DR
200
MIAMI, FL 33180 US

**FEI Number: 03-0373995**

**Certificate of Status Desired:** No

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

GREAUX, ALEXANDER DC
2420 NE MIAMI GARDENS DR
200
MIAMI, 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | D |
| Name | GREAUX, ALEXANDER |
| Address | 2420 NE MIAMI GARDENS DR<br>200 |
| City-State-Zip: | MIAMI FL 33027 |

*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: ALEXANDER GREAUX MR 05/01/2022

Electronic Signature of Signing Officer/Director Detail — Date