

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000103303

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC3612710376**

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

**Current Principal Place of Business:**

21097 NE 27 CT  
SUITE 580  
AVENTURA, FL 33180

**Current Mailing Address:**

21097 NE 27 CT  
SUITE 580  
AVENTURA, FL 33180

**FEI Number: 20-5347765**

**Certificate of Status Desired: No**

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

ACKERMANN, ALAN  
21097 NE 27TH CT  
SUITE 580  
AVENTURA, 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 PD  
Name ACKERMANN, ALAN  
Address 21097 NE 27 CT #580  
City-State-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**

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date