

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103303

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

FILED
Apr 02, 2019
Secretary of State
0813914132CC

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

PD

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date