

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000025835

**Entity Name:** AVENTURA CENTER FOR DENTAL SLEEP MEDICINE, INC.

**Current Principal Place of Business:**

2627 NE 203RD STREET, SUITE 212  
MIAMI, FL 33180

**Current Mailing Address:**

2627 NE 203RD STREET, SUITE 212  
MIAMI, FL 33180

**FEI Number: 46-2464313**

**Certificate of Status Desired: No**

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

WEISMAN, DAVID  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309 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 DR.  
Name FREEDLINE, RANDY  
Address 2627 NE 203RD STREET, SUITE 212  
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: RANDY FREEDLINE**

**PRESIDENT**

**01/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date