

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024191

FILED
Feb 08, 2007
Secretary of State

Entity Name: AVANT HEALTHCARE PROFESSIONALS, LLC

Current Principal Place of Business:

1265 SOUTH SEMORAN BLVD.
SUITE 1221
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1265 SOUTH SEMORAN BLVD.
SUITE 1221
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-0072798 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANDIFER, SHARI DINGLE
402 ALMERIA CT.
WINTER SPRINGS, FL 32708 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANDIFER, SHARI D
Address: 1265 S. SEMORAN BLVD., SUITE 1221
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: SANDIFER, SHARI D
Address: 1265 S. SEMORAN BLVD., SUITE 1221
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHARI DINGLE SANDIFER CEO 02/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date