

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024191

FILED
Jan 19, 2012
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:

1211 STATE ROAD 436
SUITE 227
CASSELBERRY, FL 32707

Current Mailing Address:

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

New Mailing Address:

1211 STATE ROAD 436
SUITE 227
CASSELBERRY, FL 32707

FEI Number: 20-0072798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: CEO
Name: SANDIFER, SHARI D
Address: 1211 STATE ROAD 436 STE 227
City-St-Zip: CASSELBERRY, FL 32707 64

Title: CFO
Name: LLOYD, SPENCER D
Address: 1211 STATE ROAD 436 STE 227
City-St-Zip: CASSELBERRY, FL 32707 64

I hereby 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: SPENCER D. LLOYD

CFO

01/19/2012

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