2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08539

Entity Name: PAVILION HEALTH SERVICES, INC.

Current Principal Place of Business:

3563 PHILIPS HIGHWAY BUILDING A, SUITE 101 JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207 US

FEI Number: 59-2059710 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANGER, HARVEY 841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207 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

FILED Apr 30, 2014

Secretary of State

CC3304351966

Officer/Director Detail:

Title DC Title DV

Name GREENE, A. HUGH Name WILBANKS, JOHN F

Address 841 PRUDENTIAL DRIVE, SUITE 1601 Address 841 PRUDENTIAL DRIVE, SUITE 1601

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title V Title S

Name DURKIN, CHRISTOPHER Name GRANGER, HARVEY

Address 3563 PHILIPS HIGHWAY BLDG A STE Address 841 PRUDENTIAL DRIVE, SUITE 1802

JACKSONVILLE FL 32207

City-State-Zip: JACKSONVILLE FL 32207

Title DP

Name WOOTEN, SCOTT

Address 841 PRUDENTIAL DRIVE, SUITE 1602

City-State-Zip: JACKSONVILLE FL 32207

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: HARVEY GRANGER

Electronic Signature of Signing Officer/Director Detail

SECRETARY

JACKSONVILLE FL 32207

04/30/2014