

**2013 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**Officer/Director Detail :**

Title	DC
Name	GREENE, A. HUGH
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	DV
Name	WILBANKS, JOHN F
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	V
Name	DURKIN, CHRISTOPHER
Address	3563 PHILIPS HIGHWAY BLDG A STE 106
City-State-Zip:	JACKSONVILLE FL 32207

Title	ST
Name	GRANGER, HARVEY
Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

Title	DP
Name	LUKASZEWSKI, MICHAEL
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**SECRETARY****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date