

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024191

Entity Name: AVANT HEALTHCARE PROFESSIONALS, LLC

Current Principal Place of Business:

1211 STATE ROAD 436
SUITE 227
CASSELBERRY, FL 32707

Current Mailing Address:

1211 STATE ROAD 436
SUITE 227
CASSELBERRY, FL 32707

FEI Number: 20-0072798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title CEO
Name SANDIFER, SHARI D
Address 1211 STATE ROAD 436 STE 227
City-State-Zip: CASSELBERRY FL 32707

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

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SPENCER D. LLOYD

CFO

01/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date