

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044835

Entity Name: AVALON MEDICAL PLAZA, LLC**Current Principal Place of Business:**3801 AVALON PARK EAST BLVD
SUITE 400
ORLANDO, FL 32828**Current Mailing Address:**3801 AVALON PARK EAST BLVD
SUITE 400
ORLANDO, FL 32828 US**FEI Number:** 20-4786067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEFILLO, MARYBEL
3801 AVALON PARK EAST BLVD
SUITE 400
ORLANDO, FL 32828 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:** MARYBEL DEFILLO

03/24/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	KAHLI, BEAT M
Address	3801 AVALON PARK EAST BLVD SUITE 400
City-State-Zip:	ORLANDO FL 32828

Title	SECRETARY
Name	NOVOA, CYNTHIA
Address	3801 AVALON PARK EAST BLVD. SUITE 400
City-State-Zip:	ORLANDO FL 32828

Title	VP, SECRETARY
Name	DEFILLO, MARYBEL
Address	3801 AVALON PARK EAST BLVD SUITE 400
City-State-Zip:	ORLANDO FL 32828

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

SIGNATURE: MARYBEL DEFILLO

VICE PRESIDENT

03/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date