

**2023 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

03/06/2023

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

VP

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date