

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044835

Entity Name: AVALON MEDICAL PLAZA, LLC

Current Principal Place of Business:

3680 AVALON PARK EAST BLVD
SUITE 300
ORLANDO, FL 32828

Current Mailing Address:

3680 AVALON PARK EAST BLVD
SUITE 300
ORLANDO, FL 32828

FEI Number: 20-4786067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEFILLO, MARYBEL
3680 AVALON PARK EAST BLVD
SUITE 300
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

03/22/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name KAHLI, BEAT M
Address 3680 AVALON PARK EAST BLVD STE
 300
City-State-Zip: ORLANDO FL 32828

Title VP
Name MARKS, ERIC
Address 3680 AVALON PARK EAST BLVD STE
 300
City-State-Zip: ORLANDO FL 32828

Title VP, SECRETARY
Name DEFILLO, MARYBEL
Address 3680 AVALON PARK EAST BLVD
 SUITE 300
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

REG. AGENT

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date