**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 08, 2013**
**Secretary of State**
**CC3498599478**

DOCUMENT# L12000002280

**Entity Name:** AVATREX, LLC

**Current Principal Place of Business:**

1605 MAIN STREET, SUITE 400
SARASOTA, FL 34236

**Current Mailing Address:**

1605 MAIN STREET, SUITE 400
SARASOTA, FL 34236

**FEI Number: 35-2435133**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MASCIO, GINA L
1605 MAIN STREET, SUITE 400
SARASOTA, FL 34236 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 | MGRM |
| Name | SIMKINS, RONALD T |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|---|---|
| Title | MGRM |
| Name | LAMBERT, ARTHUR D |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|---|---|
| Title | MGRM |
| Name | BUCHMAN, MARK |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|---|---|
| Title | MGRM |
| Name | GIAMMARCO, RALPH |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|---|---|
| Title | VP |
| Name | LAMBERT, ARTHUR D JR. |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

| | |
|---|---|
| Title | VP |
| Name | LANE, JOHN T JR. |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

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|---|---|
| Title | VP |
| Name | MASCIO, GINA L |
| Address | 1605 MAIN STREET, SUITE 400 |
| City-State-Zip: | SARASOTA FL 34236 |

*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: GINA MASCIO VP 02/08/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date