

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005012

**Entity Name:** AVALON HEALTH SERVICES, LLC**Current Principal Place of Business:**3405 W. DR. MARTIN LUTHER KING JR. BLVD  
SUITE 200  
TAMPA, FL 33607**Current Mailing Address:**3405 W. DR. MARTIN LUTHER KING JR. BLVD  
SUITE 200  
TAMPA, FL 33607 US**FEI Number:** 46-3019902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MANAGER, SECRETARY
Name	MORGAN, STEVEN D
Address	3405 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 200
City-State-Zip:	TAMPA FL 33607

Title	CFO
Name	HADDAD, GREGG L.
Address	3405 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 200
City-State-Zip:	TAMPA FL 33607

Title	CEO
Name	KERR, WILLIAM L.
Address	3405 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 200
City-State-Zip:	TAMPA FL 33607

*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: STEVEN D. MORGAN****MANAGER****01/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date