

2019 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
Name	MORGAN, STEVEN D
Address	3405 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 200
City-State-Zip:	TAMPA FL 33607

Title	MANAGER
Name	DIAZ, SHANTHA
Address	3405 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 200
City-State-Zip:	TAMPA FL 33607

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

Title	MANAGER
Name	DAVIS , BARRY
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

02/02/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date