## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005012

Entity Name: AVALON HEALTH SERVICES, LLC

FILED
Apr 14, 2017
Secretary of State
CC0559795905

**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

SIGNATURE: STEVEN D. MORGAN

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/14/2017 Date