

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005012

Entity Name: AVALON HEALTH SERVICES, LLC

Current Principal Place of Business:

1511 NORTH WESTSHORE BOULEVARD
TAMPA, FL 33607

Current Mailing Address:

1511 NORTH WESTSHORE BOULEVARD
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 AVALON HEALTH MANAGER, LLC
Address 1511 NORTH WESTSHORE
 BOULEVARD
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: NICOLAS J. PACE

ANNUAL REPORT SIGNER 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date