2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F05000001175

Entity Name: AVALON HEALTHCARE HOLDINGS, INC.

Current Principal Place of Business:

3030 N. ROCKY POINT DR. W.
SUITE 800
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3030 N. ROCKY POINT DR. W.
SUITE 800
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-2214950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: O'NEILL, CHARLES T
Address: 3030 N. ROCKY POINT DR. W., SUITE 800
City-St-Zip: TAMPA, FL 33607

Title: CD ( ) Delete
Name: CASSIDY, ANDREW B
Address: 3030 N. ROCKY POINT DR. W., SUITE 800
City-St-Zip: TAMPA, FL 33607 US

Title: SVD ( ) Delete
Name: NEELY, HENRY H
Address: 3030 N. ROCKY POINT DR. W., SUITE 800
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete
Name: HAMMER, FREDERICK S
Address: 400 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017 US

Title: D ( ) Delete
Name: BARIS, BRETT G
Address: 400 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HILL, KEVIN
Address: 4 SOMERSET DRIVE
City-St-Zip: RUMSON, NJ 07760 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW CASSIDY CD 04/27/2009

Electronic Signature of Signing Officer or Director — Date