# 2010 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 11, 2010**
**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: JOSEPH A. PROBASCO

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D
Name: HILL, KEVIN
Address: 4 SOMERSET DRIVE
City-St-Zip: RUMSON, NJ 07760 US

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

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

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 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 all other like empowered.

SIGNATURE: ANDREW B. CASSIDY CD 11/11/2010

Electronic Signature of Signing Officer or Director — Date