

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001175

FILED
Apr 28, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: CEO
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: CHARLES T. O'NEILL

CEO

04/28/2011

Electronic Signature of Signing Officer or Director

Date