2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# F08539

Entity Name: PAVILION HEALTH SERVICES, INC.

Current Principal Place of Business:

3563 PHILIPS HIGHWAY
BUILDING A, SUITE 101
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2059710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANGER, HARVEY
841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 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: DC
Name: GREENE, A. HUGH
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DV
Name: WILBANKS, JOHN F
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: V
Name: DURKIN, CHRISTOPHER
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ST
Name: GRANGER, HARVEY
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DP
Name: LUKASZEWSKI, MICHAEL
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207 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: HARVEY GRANGER ST 04/22/2011

Electronic Signature of Signing Officer or Director Date