

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044835

FILED
Apr 27, 2009
Secretary of State

Entity Name: AVALON MEDICAL PLAZA, LLC

Current Principal Place of Business:

450 N. WYMORE ROAD
WEBSTER & PARTNERS, P.L.
WINTER PARK, FL 32789

New Principal Place of Business:

3680 AVALON PARK EAST BLVD STE 300
ORLANDO, FL 32828

Current Mailing Address:

450 N. WYMORE ROAD
WEBSTER & PARTNERS, P.L.
WINTER PARK, FL 32789

New Mailing Address:

3680 AVALON PARK EAST BLVD STE 300
ORLANDO, FL 32828

FEI Number: 20-4786067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W & P SERVICES, INC.
450 N. WYMORE ROAD
WINTER PARK, FL 32789 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

MANAGING MEMBERS/MANAGERS:

Title: DP () Delete
Name: KAHLI, BEAT M
Address: 13001 FOUNDERS SQUARE DR.
City-St-Zip: ORLANDO, FL 32828

Title: V () Delete
Name: MARKS, ERIC
Address: 13001 FOUNDERS SQ DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: DP (X) Change () Addition
Name: KAHLI, BEAT M
Address: 3680 AVALON PARK EAST BLVD STE 300
City-St-Zip: ORLANDO, FL 32828

Title: V (X) Change () Addition
Name: MARKS, ERIC
Address: 3680 AVALON PARK EAST BLVD STE 300
City-St-Zip: ORLANDO, FL 32828

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 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 608, Florida Statutes.

SIGNATURE: ERIC MARKS

SVP

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date