

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011583

Entity Name: AVEDON HEALTH SYSTEMS, LLC

FILED
Sep 15, 2008
Secretary of State

Current Principal Place of Business:

151 107TH AVENUE
SUITE 7
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

320 PARK STREET S.
ST. PETERSBURG, FL 33707 US

Current Mailing Address:

151 107TH AVENUE
SUITE 7
TREASURE ISLAND, FL 33706 US

New Mailing Address:

320 PARK STREET S.
ST. PETERSBURG, FL 33707 US

FEI Number: 20-8347834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, GARY S
151 107TH AVENUE
SUITE 7
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

SIMMONS, GARY S
320 PARK STREET S.
ST. PETERSBURG, FL 33707 US

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:

09/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMMONS, GARY S
Address: 151 107TH AVENUE, SUITE 7
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGRM () Delete
Name: DOVE, JOYCE
Address: 8910 COMMODORE DRIVE
City-St-Zip: SEMINOLE, FL 33776 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMMONS, GARY S
Address: 320 PARK STREET S.
City-St-Zip: ST. PETERSBURG, FL 33707 US

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 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: GARY SIMMONS

MNGR

09/15/2008

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