2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

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Entity Name: AVALON MEDICAL INSTITUTE, LLC

Current Principal Place of Business:

4513 EXECUTIVE DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

PO BOX 110101
NAPLES, FL 34108

New Mailing Address:

FEI Number: 27-0660792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORUNDA, ZDENKO
4513 EXECUTIVE DR
NAPLES, FL 34119 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: MGRM
Name: KORUNDA, ZDENKO
Address: 4513 EXECUTIVE DR
City-St-Zip: NAPLES, FL 34119

I hereby 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 Statues.

SIGNATURE: ZDENKO KORUNDA MGMR 04/24/2012

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