

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M10000005223

Entity Name: AVIO HEALTH, LLC

FILED
Sep 26, 2011
Secretary of State

Current Principal Place of Business:

4348 SOUTH POINT BLVD., SUITE 311-A
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTH POINT BLVD., SUITE 311-A
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-4013155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, SCOTT C
4348 SOUTH POINT BLVD., SUITE 311-A
JACKSONVILLE, FL 32216 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: SCOTT C SNYDER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FALCONE, CHARLES J
Address: 4348 SOUTH POINT BLVD., SUITE 311-A
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: LUNGEN, RICHARD L
Address: 4348 SOUTH POINT BLVD., SUITE 311-A
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: HARMAN, JOHN L
Address: 4348 SOUTH POINT BLVD., SUITE 311-A
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: SNYDER, SCOTT C
Address: 4348 SOUTH POINT BLVD., SUITE 311-A
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: BOSELLI, ANTHONY
Address: 4348 SOUTH POINT BLVD., SUITE 311-A
City-St-Zip: JACKSONVILLE, FL 32216

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 Statutes.

SIGNATURE: JOHN K HARMAN

MGR

09/26/2011

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