

M13000005012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

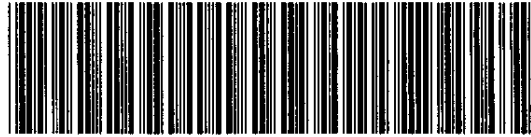
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PA Chan

Office Use Only



100256600191

02/21/14--01019--014 **35.00

FILED
14 FEB 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 24 2014

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AVALON HEALTH SERVICES, LLC

2. (a) Principal office address of limited liability company: 1511 North Westshore Blvd
Suite 820
Tampa, FL 33607
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1511 North Westshore Blvd
Suite 820
Tampa, FL 33607
(Note: MAY BE POST OFFICE BOX)

08/12/2013

3. Date of filing/registration in Florida

M13000005012

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

GRAYROBINSON, PA

Registered Office Address:

401 E. Jackson Street
Suite 2700
Tampa FL 33602

FILED
14 FEB 21 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William Kerr
Signature of a member or authorized representative of a member

William Kerr, MD/Authorized Person

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

April Hudson
Signature of Registered Agent Corporation Service Company April Hudson, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00