

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000150862

Entity Name: AVALON HEALTH CLINIC INC.

FILED  
Oct 05, 2009  
Secretary of State

## Current Principal Place of Business:

6651 VINELAND ROAD  
210  
ORLANDO, FL 32819 US

## Current Mailing Address:

6651 VINELAND ROAD  
210  
ORLANDO, FL 32819 US

## New Principal Place of Business:

5389 S.KIRKMAN RD  
204  
ORLANDO, FL 32819 US

## New Mailing Address:

5389 S.KIRKMAN RD  
204  
ORLANDO, FL 32819 US

FEI Number: 20-0480785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTOS, GILMAR F  
1925 BRITTANY LANE  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

SANTOS, ANDREW M  
1925 BRITTANY LANE  
APOPKA, FL 32703 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: CLARICE M SANTOS

10/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SANTOS, CLARICE M  
Address: 1925 BRITTANY LANE  
City-St-Zip: APOPKA, FL 32703

Title: VD ( ) Delete  
Name: SANTOS, EILEEN  
Address: 1925 BRITTANY LANE  
City-St-Zip: APOPKA, FL 32703

Title: MRGM (X) Delete  
Name: SANTOS, GILMAR F  
Address: 1925 BRITTANY LANE  
City-St-Zip: APOPKA, FL 32703 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARICE M SANTOS

PD

10/05/2009

Electronic Signature of Signing Officer or Director

Date