2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# P03000150862

Entity Name: AVALON HEALTH CLINIC INC.

Current Principal Place of Business:

5389 S.KIRKMAN RD
204
ORLANDO, FL 32819 US

New Principal Place of Business:

5389 S. KIRKMAN RD
204
ORLANDO, FL 32819 US

Current Mailing Address:

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, ANDREW M
1925 BRITTANY LANE
APOPKA, FL 32703 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

OFFICERS AND DIRECTORS:

Title: PD
Name: MANZATTO, CLARICE C
Address: 1925 BRITTANY LANE
City-St-Zip: APOPKA, FL 32703

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

I hereby 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 all other like empowered.

SIGNATURE: CLARICE MANZATTO PD 04/18/2012

Electronic Signature of Signing Officer or Director Date