

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000096675

1. Entity Name
AVALON HEALTHCARE, INC.



Principal Place of Business
ROCKY POINT CENTRE
3030 N. ROCKY POINT DR. W. SUITE 800
TAMPA, FL 33607

Mailing Address
ROCKY POINT CENTRE
3030 N. ROCKY POINT DR. W. SUITE 800
TAMPA, FL 33607



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3075951
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, BRENT A
220 S. FRANKLIN STREET
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000583962
01/18/07-80037-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'NEILL, CHARLES T
3030 N ROCKY POINT DR W, SUITE 800
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASSIDY, ANDREW B
3030 N ROCKY POINT DR W, SUITE 800
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARIS, BRETT G
400 MADISON AVENUE
NEW YORK, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMER, FREDERICK S
400 MADISON AVENUE
NEW YORK, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEELY, HENRY H
3030 N ROCKY POINT DR W, SUITE 800
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #