

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 12, 2012  
Secretary of State**

DOCUMENT# P05000096675

Entity Name: AVAHEALTH, INC.

**Current Principal Place of Business:**

5440 MARINER ST.  
SUITE 101  
TAMPA, FL 33609

**New Principal Place of Business:**

5440 MARINER ST.  
SUITE 110  
TAMPA, FL 33609

**Current Mailing Address:**

5440 MARINER ST.  
SUITE 101  
TAMPA, FL 33609

**New Mailing Address:**

5440 MARINER ST.  
SUITE 110  
TAMPA, FL 33609

FEI Number: 20-3075951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEDKE, MICHAEL  
100 NORTH TAMPA STREET  
SUITE 2200  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

WALROTH-SADURNI, STEPHEN P  
5201 BLUE LAGOON DRIVE  
PENTHOUSE 970  
MIAMI, FL 33126` 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: STEPHEN P. WALROTH-SADURNI

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: MARTINEZ, ROBERTO  
Address: 5440 MARINER DRIVE, SUITE 101  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: MARTINEZ, ENOC S  
Address: 5440 MARINER DRIVE, SUITE 101  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: DICAMPO, RICARDO  
Address: 5440 MARINER DRIVE, SUITE 101  
City-St-Zip: TAMPA, FL 33609

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: RICARDO DICAMPO

D

06/12/2012

Electronic Signature of Signing Officer or Director

Date