

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000069241

Entity Name: AVALON TREATMENT CENTERS, LLC

Current Principal Place of Business:

820 EAST PARK AVE
BUILDING F SUITE 100
TALLAHASSEE, FL 32301

Current Mailing Address:

820 EAST PARK AVE
BUILDING F SUITE 100
TALLAHASSEE, FL 32301 US

FEI Number: 27-0184090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURGHOUT, JERRY A DR.
8410 ALTON WENTWORTH, RD.
GREENVILLE, FL 32331 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: JERRY BURGHOUT

03/19/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BURGHOUT, JERRY A DR.
Address 8410 ALTON WENTWORTH RD.
City-State-Zip: GREENVILLE FL 32331

Title DIRECTOR
Name JOHNSON, JOANNA D
Address 820 EAST PARK AVE
BUILDING F SUITE 100
City-State-Zip: TALLAHASSEE FL 32301

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JERRY BURGHOUT

CEO

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date