

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000020846

Entity Name: AVALON HEALTH CARE LLC

Current Principal Place of Business:

4 OFFICE PARK DR
STE 1
PALM COAST, FL 32137

Current Mailing Address:

4 OFFICE PARK DR
STE 1
PALM COAST, FL 32137 US

FEI Number: 47-3018981

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCLARTY, OLNEY
4 OFFICE PARK DR
STE 1
PALM COAST, FL 32137 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MCLARTY, OLNEY
Address 4 OFFICE PARK DR STE 1
City-State-Zip: PALM COAST FL 32137

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: OLNEY MCLARTY

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date