2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000036487 DOCUMENT

1. Entity Name

HORIZON MEDICAL CENTER, INC.



FILED Apr 18, 2003 8:00 an Secretary of State

04-18-2003 90232 004 ***150.00

n	

				TEST				
Principal Place of Busines 1770 NE MIAMI GARDENS N MIAMI BEACH FL 33179		Mailing Address 1770 NE MIAMI GARDENS DRIVE N MIAMI BEACH FL 33179						
2. Principal Place of Busi	ness	3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HER	E IF MAKING	CHANGES	
City & State		City & State	·		4. FEI Number 65-109554	2	<u> </u>	pplied For ot Applicable
Zip ,	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Ad	ditional
6. Name	e and Address of Current I	Registered Agent	•		7. Name and Address of New	Registered A	gent	
			Name					
LIEBMAN, MARK A			Street A	ddress (I	P.O. Box Number is Not Acceptab			
16211 NE 18 AVE			Silver	udicas (i				
n miami beach fl	33162							
; 			City			FL	Zip Cod	le .
 The above named enti- the obligations of regis 	y submits this statement for tered agent.	the purpose of changing its	registered office or	registere	ed agent, or both, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signate	re required	when reinstating)	DATE		
After May 1, 20	II. FEE IS \$150.00 03 Fee will be \$550.00 or Florida Department of	State	. × -2		- 9. Election Campaign F Trust Fund Contribut			00 May Be of to Fees
10.	OFFICERS AND I	L DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE PD		☐ Delete	TITLE				☐ Change	Addition
NAME RADWAN,		•	NAME]
	MIAMI GARDENS DRIVE BEACH FL 33179		STREET ADDRESS CITY-ST-ZIP					
TITLE VD		X Delete	TITLE	ØV		•	☐ Change	Addition
NAME ALLAF, W.		/ \	NAME	4114	F Kinda			
	MIAMI GARDENS DRIVE		STREET ADDRESS	177	F. Kinda DNG Migui Gan Ligui Belg FC	ders D	2	
·	BEACH FL 33179		CITY-ST-ZIP	NN	cioni Bely FC	<u>33/4</u>	7	
TITLE NAME		☐ Delete	TITLE NAME		·		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the indicated on this report of the corporation or the changed, or on an attached the corporation of the changed, or on an attached the change of the change o	e information supplied with rt or supplemental report is ne receiver or trustee empor achment with an address, w	this filing does not qualify for true and accorate and that n wered to execute this report in all other well-phowered.	r the exemption stat ny signature shall ha as required by Cha	ed in Sec ave the s oter 607,	ction 119.07(3)(i), Florida Statutes ame legal effect as if made under Florida Statutes; and that my nar	. I further certinoath; that I are appears in	fy that the in in an officer Block 10 or	or director Block 11 if

SIGNATURE:

SIGNATURED SIGNATURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNA

Daytime Phone #