

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # S78627**

**(4)**

**95 JAN 13 AM 9:59**

1. Corporation Name

**HORIZON THERAPEUTICS, INC.**

Principal Place of Business

**1720 OAK LAKES DRIVE  
SARASOTA FL 34232**

Mailing Address

**1720 OAK LAKES DRIVE  
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/05/1991**

3a. Date of Last Report

**05/11/1994**

4. FEI Number

**65-0280206**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability  intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc

State, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBER, CAREN  
1720 OAK LAKES DRIVE  
SARASOTA FL 34232**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature Agent, a principal place of registered agent and the registered agent (if the registered agent is not the registered agent)

1994

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |
|--|---|
| 12.1 TITLE: <b>DP</b><br>12.2 NAME: <b>WEBER, CAREN</b><br>12.3 STREET ADDRESS: <b>1720 OAK LAKES DR</b><br>12.4 CITY, ST, ZIP: <b>SARASOTA FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5 TITLE: <b>DS</b><br>12.6 NAME: <b>WEBER, JOEL</b><br>12.7 STREET ADDRESS: <b>1720 OAK LAKES DR</b><br>12.8 CITY, ST, ZIP: <b>SARASOTA FL</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9 TITLE:<br>12.10 NAME:<br>12.11 STREET ADDRESS:<br>12.12 CITY, ST, ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.13 TITLE:<br>12.14 NAME:<br>12.15 STREET ADDRESS:<br>12.16 CITY, ST, ZIP:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.17 TITLE:<br>12.18 NAME:<br>12.19 STREET ADDRESS:<br>12.20 CITY, ST, ZIP:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.21 TITLE:<br>12.22 NAME:<br>12.23 STREET ADDRESS:<br>12.24 CITY, ST, ZIP:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.25 TITLE:<br>12.26 NAME:<br>12.27 STREET ADDRESS:<br>12.28 CITY, ST, ZIP:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*Caren Weber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/95*  
Date

Signature 11/20/94