

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000003184 (7)

1. Corporation Name

HORIZON MEDICAL SPECIALTIES, INC.



Principal Place of Business

Mailing Address

6001 INDIAN SCHOOL RD NE  
ALBUQUERQUE NM 87110

6001 INDIAN SCHOOL RD NE  
ALBUQUERQUE NM 87110

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

4. FEI Number

75-2550785

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 for intangible tax under s. 199.032  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 typed in printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCEO

☐ DELETE

NAME

ELLIOTT, NEAL M

STREET ADDRESS

6001 INDIAN SCHOOL RD NE

CITY - ST - ZIP

ALBUQUERQUE NM 87110

TITLE

VD

☒ DELETE

NAME

BELT, KLEMETT L JR

STREET ADDRESS

6001 INDIAN SCHOOL RD NE

CITY - ST - ZIP

ALBUQUERQUE NM 87110

TITLE

VASD

☐ DELETE

NAME

GONZALES, CHARLES H SR

STREET ADDRESS

6001 INDIAN SCHOOL RD NE

CITY - ST - ZIP

ALBUQUERQUE NM 87110

TITLE

CFOV

☐ DELETE

NAME

SCHOFIELD, ERNEST A SR

STREET ADDRESS

6001 INDIAN SCHOOL RD NE

CITY - ST - ZIP

ALBUQUERQUE NM 87110

TITLE

V

☐ DELETE

NAME

SOUSA, ALBERT

STREET ADDRESS

6001 INDIAN SCHOOL RD NE

CITY - ST - ZIP

ALBUQUERQUE NM 87110

TITLE

S

☐ DELETE

NAME

SAUDER, SCOT

STREET ADDRESS

6001 INDIAN SCHOOL RD NE

CITY - ST - ZIP

ALBUQUERQUE NM 87110

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

☐ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

☐ Change

☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

☐ Change

☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change

☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest A. Schofield

7/25/96

Date

5058786100

Digitize Please