

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 30 AM 9:56

DOCUMENT # F98000002189

1. Entity Name  
HORIZON MEDICAL, INC.



Principal Place of Business  
240 N. WASHINGTON BLVD  
7TH FL  
SARASOTA, FL 34236

Mailing Address  
240 N. WASHINGTON BLVD  
7TH FL  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

06282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0821744

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRANCH, DAN  
240 N. WASHINGTON BLVD  
7TH FLOOR  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KERN, MARTIN J
STREET ADDRESS	240 N. WASHINGTON BLVD 7TH FL
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	CFO
NAME	BRANCH, DANIEL
STREET ADDRESS	240 N. WASHINGTON BLVD 7TH FL
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/05--01067--022 \*\*200.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Branch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05 941-350-2985  
Date Daytime Phone #