

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005691

1. Entity Name

HORIZON MEDICAL PRODUCTS, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90493 022 ***150.00

Principal Place of Business

ONE HORIZON WAY
MANCHESTER GA 31816

Mailing Address

ONE HORIZON WAY
MANCHESTER GA 31816

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1882343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTCD
PETERSON JR, WILLIAM E ☐ Delete
1771 BENNING FIELD DRIVE
MARIETTA GA 30064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HUNT, MARSHALL B ☐ Delete
3935 PACES MANOR
ATLANTA GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAIR, CHARLES E ☒ Delete
4121 CARMICHAEL, STE. 301
MONTGOMERY AL 36106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FRITSCHNER, WALTER J ☒ Delete
21 DUPONT CIRCLE
SUGARLAND TX 77479

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, ROBERT ☐ Delete
18953 FIRETHORN POINTE
EDEN PRARIE MN 55347

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMMONS, ROBERT J ☐ Delete
290 E WOODLAND ROAD, STE. 20
LAKE FOREST IL 60045

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Tunstall, Gordon ☐ Change ☒ Addition
13153 N. Dale Mabry
Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Detlor, Lynn ☐ Change ☒ Addition
13775 Calle Seco
Poway, CA 92064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 (104) 264-
Date Daytime Phone

CR2E034 (10/00)