

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020298

Entity Name: HORIZON THERAPY, LLC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

3147 FERNS GLEN DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

2910 KERRY FOREST PKWY, D4-223
TALLAHASSEE, FL 32309

Current Mailing Address:

3147 FERNS GLEN DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

2910 KERRY FOREST PKWY, D4-223
TALLAHASSEE, FL 32309

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNICKERBOCKER, CATHERINE A
3147 FERNS GLEN DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNICKERBOCKER, CATHERINE A
Address: 3147 FERNS GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: LEE, APRIL H
Address: 453 IRA LANE
City-St-Zip: CAIRO, GA 39828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CATHERINE A KNICKERBOCKER

MGR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date