

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020298

Entity Name: HORIZON THERAPY, LLC.

**FILED**  
**Feb 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 26-2058633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

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  
Name: KNICKERBOCKER, CATHERINE A  
Address: 3147 FERNS GLEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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

I hereby 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

02/04/2012

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