

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092190

**FILED  
Apr 25, 2011  
Secretary of State**

**Entity Name:** HORIZON PEDIATRICS LLC

**Current Principal Place of Business:**

611 SE DEMOREST ST  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

611 SE DEMOREST ST  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 26-3454736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, CAMMY  
4424 NW AMERICAN LANE, SUITE 101  
LAKE CITY, FL 32055 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:** MGRM  
**Name:** INGRAM, AMBER S MRS  
**Address:** 611 SE DEMOREST ST  
**City-St-Zip:** LIVE OAK, FL 32064

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: AMBER S. INGRAM

MGR

04/25/2011

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