

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133537

Entity Name: HORIZON MEDICAL LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2501 SUN COVE LANE  
NORTH PALM BEACH, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

2501 SUN COVE LANE  
NORTH PALM BEACH, FL 33410 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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: WADE, DARREN  
Address: 2501 SUN COVE LANE  
City-St-Zip: NORTH PALM BEACH, FL 33410 US

Title: MGRM  
Name: WADE, DARREN  
Address: 2501 SUN COVE LANE  
City-St-Zip: NORTH PALM BEACH, FL 33410 US

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: DARREN WADE

MGRM

04/09/2012

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