2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000163648

Entity Name: HORIZON CLINICAL MONITORING, LLC

Current Principal Place of Business:	New Principal Place of Business:
125 SW MIDTOWN PL 107 LAKE CITY, FL 32055	295 NW COMMONS LOOP 115-109 LAKE CITY, FL 32055
Current Mailing Address:	New Mailing Address:
361 SW CROSS POINTE CT LAKE CITY, FL 32024	295 NW COMMONS LOOP 115-109 LAKE CITY, FL 32055
FEI Number: 46-2930594 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SANDERS, LASHOUN 361 SW CROSS POINTE CT LAKE CITY, FL 32024 US	SANDERS, LASHOUN 295 NW COMMONS LOOP 115-109 LAKE CITY, FL 32055 US
The above named entity submits this statement for the pur in the State of Florida.	rpose of changing its registered office or registered agent, or both

SIGNATURE: LASHOUN SANDERS		09/30/2014
	Electronic Signature of Registered Agent	Date

AUTHORIZED PERSONS:

 Title:
 P

 Name:
 SANDERS, LASHOUN

 Address:
 295 NW COMMONS LOOP SUITE 115-109

 City-St-Zip:
 LAKE CITY, FL 32055 UN

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 authorized to execute this report as required by Chapter 605, Florida Statues.

SIGNATURE:	LASHOUN SANDERS	Р	09/30/2014
Electronic Signature of Authorized Person			Date

FILED Sep 30, 2014 Secretary of State