

*\*Amended\**  
**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

0005873

**DOCUMENT # M00000001244**

1. Entity Name

**HORIZON WEST PALM BEACH, LLC**



**FILED**

**03 OCT 21 AM 8:00**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**5403 ASHTON CT  
 SARASOTA FL 34233**

Mailing Address

**240 N. WASHINGTON BLVD.  
 7TH FLOOR  
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0989952**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANCH, DANIEL  
 240 N. WASHINGTON BLVD.  
 7TH FLOOR  
 SARASOTA FL 34236**

Name **Erica LaPerriere**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Horizon Medical Group, Inc.,**  
**240 N. Washington Blvd, 7th FL**  
 City **Sarasota** FL **34236**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Erica LaPerriere, Compliance Officer*

**9-9-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when replacing)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**MGR KERN, MARTIN J**  
 STREET ADDRESS **240 N. WASHINGTON BLVD. 7TH FLOOR**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP **900023959049**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP **10/21/03--01011--009** **#5 Change**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Erica LaPerriere*

**SIGNATURE REQUIRED**

**9-9-03 941-925-3490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)