

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

DOCUMENT # M00000002162

1. Entity Name

HORIZON CAPE CORAL 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	
Zip	Country	Zip	Country
4. FEI Number 65-1033278		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Erica LaPerriere
 Street Address (P.O. Box Number is Not Acceptable)
c/o Horizon Medical Group, Inc.
240 N. Washington Blvd, 7th Floor
 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 re-registering) 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 STREET ADDRESS CITY-ST-ZIP	MGRM KERN, MARTIN J 240 N. WASHINGTON BLVD. 7TH FLOOR SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600023959236 10/21/03--01011--011 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 9-9-03 941-925-3490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #