

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

APPROVED  
 AND  
 FILED

0005841

**DOCUMENT # M99000000700**

1. Entity Name  
**HORIZON DEERFIELD, LLC**



03 OCT 17 AM 9:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>240 N. WASHINGTON BLVD.        7TH FLOOR        SARASOTA FL 34236</b>	Mailing Address <b>240 N. WASHINGTON BLVD.        7TH FLOOR        SARASOTA FL 34236</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0906534</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BRANCH, DANIEL  
 5403 ASHTON CT  
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent  
 Name Erica LaPerniere  
 Street Address (P.O. Box Number is Not Acceptable) Horizon Medical Group, Inc.  
240 N. Washington Blvd, 7th Floor  
 City Sarasota FL Zip Code 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 LaPerniere, Compliance Officer 9-9-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KERN, MARTIN J 240 N. WASHINGTON BLVD. 7TH FLOOR SARASOTA FL 34236</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>300023906383</b>	
<b>10/17/03--01050--020 **\$50.00</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 LaPerniere 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)