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

DOCUMENT # M99000001657

1. Entity Name

HORIZON JACKSONVILLE NORTH, LLC



FILED
093 OCT 11 44 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[Barcode]

Principal Place of Business

6349 BEACH BLVD., STE. 1-A
JACKSONVILLE FL 32216

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0942840

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 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 LaPerriere, Compliance Officer

9-9-03

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

(NOTE: Registered Agent signature required when filing)

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

10. ADDITIONS/CHANGES

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

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

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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)