

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

APPROVED  
 AND  
 FILED

0005803

DOCUMENT # M99000001658

1. Entity Name

HORIZON ORLANDO ONE, LLC



03 OCT 17 AM 9:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

500 N. SEMORAN BLVD., STE. 103  
 ORLANDO FL 33408

Mailing Address

240 N. WASHINGTON BLVD.  
 7TH FLOOR  
 SARASOTA FL 34233

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 65-0936334

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 34233

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Erica LaPerriere, Compliance Officer*

*9-9-03*

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 700023906427  
 CITY-ST-ZIP 10/17/03--01050--022 \*\*50.00

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

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

*Erica LaPerriere*

Date

Daytime Phone #

*9-9-03*

*941-925-3490*

CR2E083 (4/03)