

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007732

1. Corporation Name

HORIZON HEALTHCARE INCORPORATED

2. Principal Office Address

11721 S.W. 11 MANOR

Suite, Apt. #, etc.

3. Mailing Office Address

11721 S.W. 11 MANOR

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33325

Country

USA

Zip

33325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-2000

5. FEI Number

65-0976601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAOLO ZANARDI

Street Address (P.O. Box Number is Not Acceptable)

11721 S.W. 11 MANOR

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33325

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

PAOLO ZANARDI

REGISTERED AGENT MUST SIGN

Date 10/10/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.T.	PAOLO ZANARDI	11721 S.W. 11 MANOR	DAVIE, FL - 33325

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PAOLO ZANARDI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02 (954) 236-9242
Date Daytime Phone #

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HORIZON HEALTHCARE INCORPORATED
11721 SW 11 MANOR
DAVIE, FLORIDA 33325

PHONE (954) 236-9242

October 10, 2002

Florida Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

In RE: 2001-2002 Corporate Reinstatements
Uniform Business Report Document P00000007732

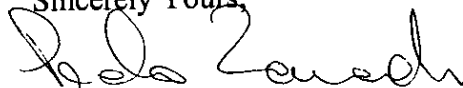
I met with my accountant today and he found that I had not renewed my Uniform Business Report FOR THE YEAR 2001 and 2002. We made a phone call this morning to your department and I was told that you had rejected my 2001 annual report because it was filled wrong. Please be advised that I never received that report I moved from the Plantation, Fl address.

Please find enclosed the copy of the check you cashed in the amount of \$ 150.00 for the year 2001 and also enclosed is a check for \$ 150.00 the year 2002.

I never ever received the annual report form applications.

Due to the circumstances above, I hereby request that you abate any penalties you may impose.

Sincerely Yours;



Paolo Zanardi
Company President