

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90175 050 ***150.00

DOCUMENT # P00000066519

1. Entity Name

HORIZON CARE COORDINATORS, INC.

Principal Place of Business

**460 N. OCEAN BLVD.,STE.201
 % MICHAEL J. LAVERY, P.A.
 BOYNTON BEACH FL 33435**

Mailing Address

**460 N. OCEAN BLVD.,STE.201
 % MICHAEL J. LAVERY, P.A.
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

4600 N. Ocean Blvd.

3. Mailing Address

4600 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-1040734

Applied For

☐ Not Applicable

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LAVERY, MICHAEL J ESQ.
 460 N. OCEAN BLVD.,STE.201
 % MICHAEL J. LAVERY, P.A.
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

**Name
 Michael J. Lavery
 Street Address (P.O. Box Number is Not Acceptable)
 4600 North Ocean Blvd.
 Suite 201
 City Boynton Beach FL Zip Code 33435**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D MORLEY, DENNIS**
 STREET ADDRESS **460 N. OCEAN BLVD.,STE.201**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
 NAME **D GUMLEY, THEODORE**
 STREET ADDRESS **460 N. OCEAN BLVD.,STE.201**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☒ Delete
 NAME **D LAVERY, MICHAEL J**
 STREET ADDRESS **460 N. OCEAN BLVD.,STE.201**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4600 N. Ocean Blvd., Suite 201**
 CITY-ST-ZIP **Boynton Beach, FL 33435**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4600 N. Ocean Blvd., Suite 201**
 CITY-ST-ZIP **Boynton Beach, FL 33435**

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

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis Morley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-02 (800) 24-8315

CR2E034 (9/01)