## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000066519

Address:

City-St-Zip:

Entity Name: HORIZON CARE COORDINATORS, INC.

4733 W. ATLANTIC AVE., STE C19

DELRAY BEACH, FL 33445

FILED Jan 20, 2006 Secretary of State

| Current Principal Place of Business:          |  |                              | New Principal Place o                       | New Principal Place of Business:             |  |
|---|--|------------------------------|---|--|--|
|   | TLANTIC AVE.   |                              |   |  |  |
| SUITE C19<br>DELRAY E                         | 9<br>BEACH, FL 334                                   | 45 US                        |   |  |  |
| Current Mailing Address:                      |  |                              | New Mailing Address                         | New Mailing Address:                         |  |
| PO BOX 8<br>DELRAY E                          | 047<br>BEACH, FL 334                                 | 82 US                        |   |  |  |
| FEI Number:                                   | : 65-1040734   | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                              | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 4600 NOR<br>SUITE 201                         | MICHEAL J ESC<br>TH OCEAN BL\<br>I<br>N BEACH, FL 33 | /D                           |   |  |  |
|   | named entity su<br>e of Florida.                     | ubmits this statement for th | e purpose of changing its registered        | office or registered agent, or both,         |  |
| SIGNATUR                                      | RE:  |                              |   |  |  |
|   | Electronic   | Signature of Registered A    | \gent                                       | Date   |  |
| Election Car                                  | mpaign Financing                                     | Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                              | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MORLEY, DÊNNI  | TIC AVE., STE C19            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                               | VP ()[<br>GUMLEY, THEO!                              | Delete<br>DORE               | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS MORLEY P 01/20/2006