


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 020 ***150.00

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| DOCUMENT # P00000066519 |  |
| 1. Entity Name HORIZON CARE COORDINATORS, INC. | |

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| Principal Place of Business 4733 W. ATLANTIC AVE. SUITE C19 DELRAY BEACH, FL 33445 US | Mailing Address PO BOX 8047 DELRAY BEACH, FL 33482 US |
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| 2. Principal Place of Business - No P.O. Box # 639 E. Ocean Ave | 3. Mailing Address |
| Suite, Apt. #, etc. 207 | Suite, Apt. #, etc. |

04092008 Chg-P CR2E034 (12/06)

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| City & State Boynton Bch FL | City & State |
| Zip 33435 | Country USA |

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| 4. FEI Number 65-1040734 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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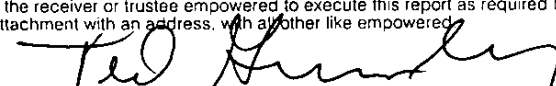
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| 6. Name and Address of Current Registered Agent LAVERY, MICHEAL J ESQ. 4600 NORTH OCEAN BLVD SUITE 201 BOYNTON BEACH, FL 33435 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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 _____ (NOTE: Registered Agent signature required when reinstating) |
| DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORLEY, DENNIS 4733 W. ATLANTIC AVE., STE C19 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 639 E Ocean Ave Ste 207 Boynton Bch FL 33435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GUMLEY, THEODORE 4733 W. ATLANTIC AVE., STE C19 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 639 E. Ocean Ave Ste 207 Boynton Bch FL 33435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | |
| SIGNATURE:  | Date: 4/17/08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Daytime Phone # |