

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91214 037 ***150.00

DOCUMENT # P00000066519

1. Entity Name
HORIZON CARE COORDINATORS, INC.



Principal Place of Business
**4600 N OCEAN BLVD
SUITE 201
BOYNTON BEACH FL 33435
US**

Mailing Address
**4600 N OCEAN BLVD
SUITE 201
BOYNTON BEACH FL 33435
US**

11005264



2. Principal Place of Business
4731 W ATLANTIC AVE

3. Mailing Address
4731 W ATLANTIC AVE

Suite, Apt. #, etc.
SUITE B22

Suite, Apt. #, etc.
SUITE B22

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33445

Country
U.S.

Zip
33445

Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1040734**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAVERY, MICHAEL J ESQ.
4600 NORTH OCEAN BLVD
SUITE 201
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent Signature required when re-registering)

3-24-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORLEY, DENNIS**
STREET ADDRESS **4600 N OCEAN BLVD SUITE 201**
CITY-ST-ZIP **BOYNTON BEACH FL 33435** **PRESIDENT**

TITLE **D** ☐ Delete
NAME **GUMLEY, THEODORE**
STREET ADDRESS **4600 N OCEAN BLVD SUITE 201**
CITY-ST-ZIP **BOYNTON BEACH FL 33435** **VICE PRESIDENT**

TITLE **D** ☒ Delete
NAME **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **NEW ADDRESS** ☒ Change ☐ Addition
NAME **DENNIS MORLEY, PRESIDENT**
STREET ADDRESS **4731 W ATLANTIC AVE SUITE B22**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **NEW ADDRESS** ☒ Change ☐ Addition
NAME **TED GUMLEY, VICE PRESIDENT**
STREET ADDRESS **4731 W ATLANTIC AVE SUITE B22**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

Date

(800) 845-6855

Daytime Phone #

CR2E034 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

March 31, 2003

HORIZON CARE COORDINATORS, INC.
4600 N OCEAN BLVD
SUITE 201
BOYNTON BEACH, FL 33435 US

Subject: **HORIZON CARE COORDINATORS, INC.**

Reference Number:

P00000066519

110052604

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

List the street address of each officer/director listed on the report or on an attachment.

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MJ

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302