

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000082880

FILED
Dec 04, 2008
Secretary of State

Entity Name: HORIZONE PHYSICAL THERAPY AND REHABILITATION, INC.

Current Principal Place of Business:

4161 TAMIAMI TRAIL
SUITE 304
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4161 TAMIAMI TRAIL
SUITE 304A
PORT CHARLOTTE, FL 33952

Current Mailing Address:

4161 TAMIAMI TRAIL
SUITE 304
PORT CHARLOTTE, FL 33952

New Mailing Address:

4161 TAMIAMI TRAIL
SUITE 304A
PORT CHARLOTTE, FL 33952

FEI Number: 03-0543756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATHENS, JANELLE MATISSE
3448 DEPEW AVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

LATHERS, JULITA E
4161 TAMIAMI TRAIL
SUITE 304A
PORT CHARLOTTE, FL 33952 US

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: JULITA E. LATHERS

12/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LATHERS, JULITA E
Address: 4300 POINT CT
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULITA E. LATHERS

ADM

12/04/2008

Electronic Signature of Signing Officer or Director

Date