


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90008 026 \*\*\*558.75

<b>DOCUMENT # P04000139682</b>					
1. Entity Name <b>HORIZON MEDICAL SERVICES, INC.</b>					
Principal Place of Business <b>15771 MENTON BAY CT DELRAY BEACH, FL 33446</b>			Mailing Address <b>15771 MENTON BAY CT DELRAY BEACH, FL 33446</b>		
2. Principal Place of Business		3. Mailing Address <b>15771 MENTON BAY CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Delray Beach FL.</b>		4. FEI Number <b>20-1760232</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>33446</b>	<b>USA</b>	<b>33446</b>	<b>USA</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BONTIA, ARACELI 15771 MENTON BAY CT DELRAY BEACH, FL 33446</b>			Name <b>BONTIA ARACELI</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>15771 Menton Bay CT</b>		
			City <b>Delray Beach</b> FL Zip Code <b>33446</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BONTIA, ARACELI</b>	NAME	<b>Bontia Araceli</b>		
STREET ADDRESS	<b>15771 MENTON BAY CT</b>	STREET ADDRESS	<b>15771 Menton Bay CT</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>	CITY-ST-ZIP	<b>Delray Beach, FL 33446</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
<p>12. I hereby 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.</p>					
SIGNATURE: <b>Araceli K. Bontia</b>			Date: <b>7/1/05</b> (561) 487-3671		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

*Please make necessary correction  
(spelling) of Corporation's mailing  
address & spelling of owners  
last name : BONTIA  
Thank you!*