

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000132225

FILED
Dec 18, 2009
Secretary of State

Entity Name: HORIZON HEALTHCARE INSTITUTE, INC.

Current Principal Place of Business:

3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

7950 SOUTH MILITARY TRAIL
SUITE 105
LAKE WORTH, FL 33463

New Mailing Address:

3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901

FEI Number: 87-0798712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, COURTNEY D
7950 SOUTH MILITARY TRAIL
SUITE 105
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

ROBINSON, COURTNEY D
3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901 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: COURTNEY D. ROBINSON

12/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBINSON, COURTNEY D
Address: 7950 SOUTH MILITARY TRAIL, SUITE 105
City-St-Zip: LAKE WORTH, FL 33463

Title: DVP (X) Delete
Name: ROBINSON, MARLENE
Address: 7950 SOUTH MILITARY TRAIL, SUITE 105
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBINSON, COURTNEY D
Address: 3677 CENTRAL AVE
City-St-Zip: FORT MYERS, FL 33901

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: COURTNEY D. ROBINSON

DP

12/18/2009

Electronic Signature of Signing Officer or Director

Date