

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132225

FILED
May 13, 2010
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:

3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901

New Mailing Address:

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
3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: COURTNEY D. ROBINSON

DP

05/13/2010

Electronic Signature of Signing Officer or Director

Date