# 2012 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Apr 23, 2012**
**Secretary of State**

DOCUMENT# P06000132225

**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:**

4048 EVANS AVE
SUITE 301
FORT MYERS, FL 33901

**Current Mailing Address:**

3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901

**New Mailing Address:**

4048 EVANS AVE
SUITE 301
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
3677 CENTRAL AVE
SUITE I
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

ROBINSON, COURTNEY D
4048 EVANS AVE
SUITE 301
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 04/23/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP
Name: ROBINSON, COURTNEY D
Address: 4048 EVANS AVE, SUITE 301
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 04/23/2012
Electronic Signature of Signing Officer or Director Date