

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034923

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** HORIZONS PATIENT CARE INC

**Current Principal Place of Business:**

3939 NW 7 ST  
206  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

3939 NW 7 ST., STE 206  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 26-4709940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VEGA ORTIZ, ISMAEL  
3939 NW 7 ST., STE 206  
MIAMI, FL 33126 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VEGA-ORTIZ, ISMAEL  
Address: 3939 NW 7 ST., STE 206  
City-St-Zip: MIAMI, FL 33126

Title: VPD  
Name: RODRIGUEZ-JO, YENDRY  
Address: 3939 NW 7 ST., STE 206  
City-St-Zip: MIAMI, FL 33126

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: ISMARL VEGA-ORIZ

PD

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date