

P09000084145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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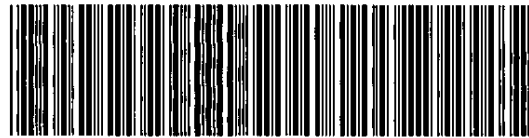
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

AUG 31 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clinical Horizons, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000084145

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Bohn  
Name of Contact Person

Clinical Horizons, Inc.  
Firm/Company

425 South Hubbards Ln, Unit 351  
Address

Louisville, KY 40207  
City/State and Zip Code

joanne.bohn@clinicalhorizons.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Bohn at (502) 645-5776  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Clinical Horizons, Inc.
2. The principal office address: 425 South Hubbards Lane, Unit 351  
Louisville, KY 40207
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/12/09 Document number: P09000084145
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joanne Bohn  
3817 Platt St., Unit 305  
Tampa, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brenda Hair  
544 25<sup>th</sup> Ave. North  
St. Petersburg, FL 33704

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Joanne Bohn  
Signature of an officer or director

Joanne Bohn, President/Treasurer/Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Brenda Hair  
Signature of Registered Agent

8-26-10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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