

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084145

Entity Name: CLINICAL HORIZONS, INC.

FILED
Mar 06, 2011
Secretary of State

Current Principal Place of Business:

425 S HUBBARDS LANE UNIT 351
LOUISVILLE, KY 40207

New Principal Place of Business:

Current Mailing Address:

425 S HUBBARDS LANE UNIT 351
LOUISVILLE, KY 40207

New Mailing Address:

FEI Number: 27-1114170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAIR, BRENDA
544 25TH AVE N
ST PETERSBURG, FL 33704 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: PRES
Name: BOHN, JOANNE M
Address: 425 S. HUBBARDS LANE, UNIT 351
City-St-Zip: LOUISVILLE, KY 40207 US

Title: TREA
Name: BOHN, JOANNE M
Address: 425 S. HUBBARDS LANE, UNIT 351
City-St-Zip: LOUISVILLE, KY 40207 US

Title: SECR
Name: BOHN, JOANNE M
Address: 425 S. HUBBARDS LANE, UNIT 351
City-St-Zip: LOUISVILLE, KY 40207 US

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: JOANNE M. BOHN

PRES

03/06/2011

Electronic Signature of Signing Officer or Director

Date