P/2000084403

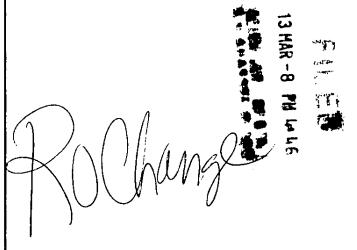
(Re	questor's Name)	
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. (City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO:

Amendment Section Division of Corporations

 $_{ ext{SUBJECT:}_}$ HORIZON TELEPSYCHIATRIC PROVIDERS, PA

Name of Corporation

P12000084403

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:

SAYONARA BAEZ MD

Name of Contact Person

HORIZON TELEPSYCHIATRIC PROVIDERS, P.A.

Firm/Company

3126 NW 83 WAY

COOPER CITY FL 33024

City/State and Zip Code

BAEZMD@HUSHMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAYONARA BAEZ

Name of Contact Person

954 557-4769
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: HORIZON TELEPSYCHIATRIC PROVIDERS, P.A.
2. The principal office address: 7860 PETERS ROAD SUITE F-111 PLANTATION FL 33324
3. The mailing address (if different): 3126 NW 83 WAY COOPER CITY FL 33024
4. Date of incorporation/qualification: 10/05/2012 Document number: P12000084403
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)
SAYONARA BAEZ 3
8300 SUNRISE LAKES BLVD #112
SUNRISE, FL 33322
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SAYONARA BAEZ
7860 PETERS ROAD SUITE F-111
P.O Box NOT acceptable PLANTATION, FL 33324
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.
SAYONARA BAEZ, DIRECTOR
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.
03/03/2013
Signature of Registered Agent 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 (03/12)