

PI2000084403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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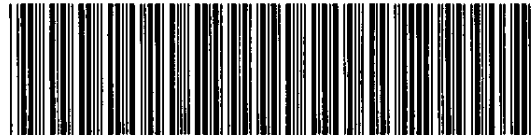
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Horizon Telepsychiatric Providers, P.A.
Name of Corporation

DOCUMENT NUMBER: P12000084403

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sayonara Baez
Name of Contact Person

Horizon Telepsychiatric Providers, P.A.
Firm/Company

7860 Peters Road Bldg F Suite 111
Address

Plantation FL 33324
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 at (954) 6683170
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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TALLAHASSEE, FL 32301

10/25/2013

To whom it may concern:

Please review the Articles of Amendment for the following changes:

1. Change of Corporation Name:

Existing name: Horizon Telepsychiatric Associates, P.A.

New Name: Horizon Behavioral Center, P.A.

2. Change of mailing address:

New mailing address: 7860 Peters Road
Bldg. F Suite 111
Plantation, FL 33324

3. Change of Officer/Director address:

The same as above 7860.....

Please contact me if needed directly at baezmd@hushmail.com or 954-557-4769.

Please note that I also owned the fictitious name Horizon Behavioral Center, evidence attached.

Sincerely,

A handwritten signature in black ink, appearing to be 'Dr. Baez', with a stylized flourish at the end.

Dr. Baez



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2013

SAYONARA BAEZ
HORIZON TELEPSYCHIATRIC PROVIDERS, P.A.
7860 PETERS RD BLDG F STE 111
PLANTATION, FL 33324

SUBJECT: HORIZON TELEPSYCHIATRIC PROVIDERS, P.A.
Ref. Number: P12000084403

We have received your document for HORIZON TELEPSYCHIATRIC PROVIDERS, P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 213A00020210

Articles of Amendment
to
Articles of Incorporation
of

Horizon Telepsychiatric Providers, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

PI2000084403

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Horizon Behavioral Center, P.A. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a the same

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7860 Peters Road
Bldg F Suite 111
Plantation, FL 33324

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

n/a the same name

7860 Peters Road Bldg F Suite 111
(Florida street address)

New Registered Office Address:

Plantation

(City)

, Florida

33324

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Please change the name of
the corporation on the
Articles of Incorporation

Article II - Business Address: 7860 Peters Road
Bldg. F Suite 111
Plantation, FL 33324

Article V - Article VII:

Address: 7860 Peters Road
Bldg F Suite 111
Plantation FL 33324

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/25/2013

Signature Sayonara Boez

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SAYONARA Boez

(Typed or printed name of person signing)

Owner, President

(Title of person signing)

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