FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060672

1. Corporation Name

HORIZON Therapy, Inc.

Principal Place of Business	Mailing Address
2225 State Rd. 3 St. Augustine, Fl 32084	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-17-94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2831 SW 3rd Terr.	26 P.O. Box 778
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Okeechobee Fl	28 City & State: Okeechobee Fl
24 Zip: 34974 25 Country: U.S.A.	29 Zip: 34973 30 Country: U.S.A.

4. FEI Number: 65-0588272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Corporation Information Services, Inc 1201 Hays St. Tallahassee, Fl 32301	81 Name: Holly M. Everett 82 Street Address (P.O. Box Number is Not Acceptable): 319 SW 30th Terrace 83 84 City: Okeechobee FL 85 Zip Code: 34974

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Holly M. Everett — Signature, type or printed name of registered agent and title if applicable
Holly M. Everett — DATE: Registered Agent signature required when reinstating
DATE: 6-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Holly M. Everett	12 NAME	
STREET ADDRESS	319 SW 30th Terrace	13 STREET ADDRESS	
CITY-ST-ZIP	Okeechobee Fl 34974	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	Maria G. Duncanson	22 NAME	500001532325
STREET ADDRESS	3570 SW 19th St.	23 STREET ADDRESS	-07/07/95--01046--011
CITY-ST-ZIP	Okeechobee, Fl 34974	24 CITY-ST-ZIP	****233.75 ****233.75
TITLE	S/T/D	31 TITLE	☐ Change ☐ Addition
NAME	Rebecca J. Williamson	32 NAME	
STREET ADDRESS	3003 SW 28th St.	33 STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, Fl 34974	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	6/29/95 MSF
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Holly M Everett, President — 6-20-95 — 941-467-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Holly M. Everett, President