Applied For Not Applicable \$8.75 Additional Fee Recuired \$5.00 May Be

Added to Fees

IJNo

Yes

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000060672**1. Corporation Name

HORIZON THERAPY, INC.

Principal Place of Business		Mailing Address						
2831 SW 3RD TERR. OKEECHOBEE FL 34974		P.O. BOX 778 OKEECHOBEE FL 34973			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/17/1994			
2. Principal Place	ce of Business	2a. Mailing Address			4. FEI Number 65-0588272			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifc ate of Status Desired \$8.			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5			
Zip 24	Cour try	Zip <b>29</b>	Country 30		8. This corporation owes the current year intangible Persor al Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	ETT, HOLLY M W 30TH TERRACE			81 Name 82 Street	Acdress (P.O. Box Number is Not Acceptable)			

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90061 017 \*\*\*158.75



Signature, speed or printed in or for fregistered agent and title if applicable   (INTE   Registered Agent signature are, used when reinstating)	OKEECHOBEE FL 34974			83					
11. Pursuin to the provisions of Scattons 607 0502 and 607 1508. Florida Statutes. The above-named or proration submit is this statement for the purpose of changing its registered office or registered agent, and could be composition of the composition of the purpose of changing its registered office or registered agent, and could be composition of the c				84	City	F	85	Zip C	ode
Signature, lyade or printed in the of registered agent and tile if applicable (NOTE Registered Agent signature review when infrictation)	office or r	egistered agent, or both, in the State cf F	orida. Such change was ₃ut	thorized by	the corporation	ration submits this statement for the purpose	of chanc	ing its r t as reg	egistered stered
TITLE PO DELETE 1.1TITLE	SIGNATUF:E	Signature, typed or printed na ne of registered agent and	title if applicable (NOT 2: F	Registered Ager	nt signature required	when reinstating) DATE			
WAME EVERETT, HOLLY M 12 NAME 12 NAME 12 NAME STREET ADDRESS 319 SW 30TH TERRACE OKEECHOBEE FL 34974	12.	OFFICERS AND D	IRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	ND DIE	RECTO	
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974  1.4 CITY-ST-ZIP OKEECHOBEE FL 34974  1.4 CITY-ST-ZIP  OKEECHOBEE FL 34974  1.4 CITY-ST-ZIP  OKEECHOBEE FL 34974  1.4 CITY-ST-ZIP  Change   Addition    Addition   Addition	TITLE	PD	☐ DELETE	1.1 TITLE				hange	☐ Addition
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STREET ADDRESS CITY-ST-ZIP  OKEECHOBEE FL  2.3 STREET ADDRESS CITY-ST-ZIP  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS CITY-ST-ZIP  3.4 CITY-ST-ZIP  Change  Addition  Addition  Change  Addition  Additio	TITLE	ST DELETE		2.1 TITLE				hange	☐ Addition
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ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Addition  Change Addition	STREET ADDRESS			4 3 STREET	ADDRESS				
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5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  CAnage  Addition  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  14. Liberary certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (30)). Florida Statutes. I further certify that the information	TITLE		☐ DELETE	51 TITLE				hange	Addition
SA CITY-ST-ZIP   S.4 CITY-ST-ZIP   S.4 CITY-ST-ZIP   S.4 CITY-ST-ZIP   S.4 CITY-ST-ZIP   S.4 CITY-ST-ZIP   S.2 NAME   STREET ADDRESS   S.3 STREET ADDRESS   S.4 CITY-ST-ZIP	NAME			5.2 NAME					
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64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  144 Liberally certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	NAME			6.2 NAME	İ				
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	STREET ADDRESS			6.3 STREET	ADDRESS				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated () Section 119.0/(3)(i). Florida Statutes. I further (ertify that the information	CITY-ST-ZIP			64 CITY-S	T- ZIP				
	14 I beret v o	certify that the information supplied with the	is filing does not qualify for	the exempt	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further	ertify th	at the in	formation

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, with all other like empowered.

SIGNATURE: