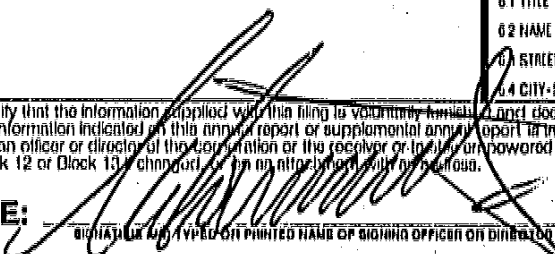


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 13 AM 11:20	
DOCUMENT # S72866 (4)					
1. Corporation Name HORIZON LABORATORIES, INC.					
Principal Place of Business 6836 N.W. 77TH COURT MIAMI FL 33166		Mailing Address 551 W 51ST PL FOURTH FL HIALEAH FL 33012 US		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1991	
21		25		3a. Date of Last Report 05/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0276357	
22		27		Applied For ☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
Country		Country			
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ERICKSON, MARIA C 6836 NW 77TH COURT MIAMI FL 33166				81 Name	
551 W 51 PLACE HIALEAH, FL 33012				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	
				85 Zip Code	
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					
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. 1 TITLE ☒ Change ☐ Addition					
1.2 NAME MARIA C. ERICKSON					
1.3 STREET ADDRESS 551 W 51 PLACE					
1.4 CITY-ST-ZIP HIALEAH, FL 33012					
2. 1 TITLE ☒ Change ☐ Addition					
2.2 NAME JESUS VILORIA, M.D.					
2.3 STREET ADDRESS 10531 N.W. 11 COURT					
2.4 CITY-ST-ZIP PLANTATION, FL 33322					
3. 1 TITLE ☒ Change ☐ Addition					
3.2 NAME SECRETARY					
3.3 STREET ADDRESS MARCO T. BETANCOURT					
3.4 CITY-ST-ZIP 551 W 51 PLACE					
4. 1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5. 1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6. 1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing is voluntary, truthful, and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with no change.					
SIGNATURE: 					
2-20-95 304-827-2020					