

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V17850 (1)
1. Corporation Name
HORIZON MEDICAL GROUP, P.A.



Principal Place of Business 2525 HARBOR BLVD #314 PORT CHARLOTTE FL 33952 US	Mailing Address 2525 HARBOR BLVD #314 PORT CHARLOTTE FL 33952 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4120 Tamiami Trail Suite, Apt. #, etc. 22 Suite E City & State 23 Port Charlotte, FL Zip 24 33952 Country 25 USA	2a. Mailing Address 26 4120 Tamiami Trail Suite, Apt. #, etc. 27 Suite E City & State 28 Port Charlotte, FL Zip 29 33952 Country 30 USA	3. Date Incorporated or Qualified 04/01/1992 4. FEI Number 59-3110407 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

9. Name and Address of Current Registered Agent

HARRELL, DONALD J
1778 RINGLING BLVD
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUGINI, CHRISTY D. 2525 HARBOR BLVD, #314 PORT CHARLOTTE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Cugini, Christy D. 4120 Tamiami Tr, Suite E Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby 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 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:



Christy D. Cugini 3/26/98

941 629 4484

CR2E034 (10/97)