

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17850

1. Entity Name

HORIZON MEDICAL GROUP, P.A.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90134 017 ***150.00

Principal Place of Business

4120 TAMiami TRAIL
STE E
PORT CHARLOTTE FL 33952
US

Mailing Address

4120 TAMiami TRAIL
STE E
PORT CHARLOTTE FL 33952-9241
US

2. Principal Place of Business

3720 BEE RIDGE RD

Suite, Apt. #, etc.

BIDG-E, SUITE B

City & State

SARASOTA, FL

Zip

34233

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3110407

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, DONALD J
1776 RINGLING BLVD
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME CUGINI, CHRISTY D.
STREET ADDRESS 4120 TAMiami TRAIL STE E
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00003834



DO NOT WRITE IN THIS SPACE

3720 BEE RIDGE ROAD, BIDG-E, STE 1
SARASOTA FL 34233

941
1/18/00 527-8718