

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036098

Entity Name: HORIZON THERAPY CENTER, INC.

Current Principal Place of Business:

7135 STATE ROAD 52
SUITE 204
HUDSON, FL 34667

Current Mailing Address:

7135 STATE ROAD 52
SUITE 204
HUDSON, FL 34667

FEI Number: 59-3717469

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HORAK, JULIE A
7135 STATE RD. 52
STE. 204
HUDSON, FL 34667 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HORAK, JULIE
Address 7135 STATE RD 52 STE 204
City-State-Zip: HUDSON FL 34667

Title AUTHORIZED REPRESENTATIVE
Name MOSS, CINDY
Address 2075 EIGHTH AVE.
City-State-Zip: MARION IA 52302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE HORAK

PRESIDENT

02/19/2025

Electronic Signature of Signing Officer/Director Detail

Date