2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2014
Secretary of State
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Entity Name: HORIZON THERAPY, LLC.

Current Principal Place of Business:

2910 KERRY FOREST PKWY, D4-223
TALLAHASSEE, FL 32309

Current Mailing Address:

2910 KERRY FOREST PKWY, D4-223
TALLAHASSEE, FL 32309

FEI Number: 26-2058633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KNICKERBOCKER, CATHERINE A
3147 FERNS GLEN DRIVE
TALLAHASSEE, FL 32309 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

Authorized Person(s) Detail :

Title	MGRM
Name	LEE, APRIL H
Address	453 IRA LANE
City-State-Zip:	CAIRO GA 39828

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: APRIL LEE PHYSICAL THERAPIST 02/21/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date