2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2015
Secretary of State
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Entity Name: HORIZON FITNESS & THERAPY, LLC

Current Principal Place of Business:

16520 NW 11 COURT
PEMBROKE PINES, FL 33028

Current Mailing Address:

16520 NW 11 COURT
PEMBROKE PINES, FL 33028

FEI Number: 46-1015672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, KARLEEN E
16520 NW 11 COURT
PEMBROKE PINES, FL 33028 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	AUTHORIZED MEMBER, MANAGER
Name	FOSTER, JODI-ANN N
Address	16520 NW 11 COURT
City-State-Zip:	PEMBROKE PINES FL 33028

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: JODI-ANN FOSTER MANAGER 01/07/2015

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