## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000375849

Entity Name: HORIZON HEALTH SYSTEM, LLC

**Current Principal Place of Business:** 

160 SE 6TH AVE

Α1

DELRAY BEACH, FL 33483

**Current Mailing Address:** 

160 SE 6TH AVE

A1

DELRAY BEACH, FL 33483 US

FEI Number: 85-3909494 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMO, SANDRA 160 SE 6TH AVE

DELRAY BEACH, FL 33483 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

**FILED** Feb 03, 2025

**Secretary of State** 

0867116348CC

Authorized Person(s) Detail:

Title MGR Title ΑP

ROMO, SANDRA APRN ROMO, RAQUEL Name Name 160 SE 6TH AVE 160 SE 6TH AVE Address Address

City-State-Zip: DELRAY BEACH FL 33483 City-State-Zip: DELRAY BEACH FL 33483

Title ΑP

Name BARYSAU, HENADZ 160 SE 6TH AVE Address

SIGNATURE: SANDRA ROMO

City-State-Zip: DELRAY BEACH FL 33483

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.

**MGR**