

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90043 034 ***150.00

DOCUMENT # F95000000637

1. Corporation Name
HORIZON BEHAVIORAL SERVICES, INC.

Principal Place of Business
1276 MINNESOTA AVE.
WINTER PARK FL 32789

Mailing Address
1276 MINNESOTA AVE.
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1995

4. FEI Number

59-3269144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1500 WATERS RIDGE DRIVE

22 City & State

27 City & State
28 LEWISVILLE, TX

23 Zip Country

29 Zip Country

24 25

30 75057 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME CIBRAN, BERT G
STREET ADDRESS 1 ALHAMBRA PLAZA, SUITE 750
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME LINDA LAITNER
1.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
1.4 CITY-ST-ZIP LEWISVILLE, TX 75057

TITLE EVP ☒ DELETE
NAME LANG, CAROL C
STREET ADDRESS 1 ALHAMBRA PLAZA, SUITE 750
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME JAMES W. MCATEE
2.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
2.4 CITY-ST-ZIP LEWISVILLE, TX 75057

TITLE EVP ☒ DELETE
NAME LAZORITZ, MARTIN
STREET ADDRESS 1276 MINNESOTA AVE.
CITY-ST-ZIP WINTER PARK FL 32789

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME JAMES W. MCATEE
3.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
3.4 CITY-ST-ZIP LEWISVILLE, TX 75057

TITLE VP ☒ DELETE
NAME MANDELKERN, I. PAUL
STREET ADDRESS 1276 MINNESOTA AVE.
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE TREASURER ☐ Change ☒ Addition
4.2 NAME JAMES W. MCATEE
4.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
4.4 CITY-ST-ZIP LEWISVILLE, TX 75057

TITLE VPTS ☒ DELETE
NAME SIMS, DANIEL A
STREET ADDRESS 1 ALHAMBRA PLAZA, SUITE 750
CITY-ST-ZIP CORAL GABLES FL 32789

5.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME DOROTHY HARRISON
5.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
5.4 CITY-ST-ZIP LEWISVILLE, TX 75057

TITLE AS ☒ DELETE
NAME DIAZ, ISA
STREET ADDRESS 1 ALHAMBRA PLAZA, SUITE 750
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
6.2 NAME LYNN SCHOENEBERG
6.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
6.4 CITY-ST-ZIP LEWISVILLE, TX 75057

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

SIGNATURE:

SIGNATURE OF JAMES W. MCATEE
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(972) 420-8350
Daytime Phone #

CR2E034 (1/98)