

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90037 019 ***150.00

DOCUMENT # F95000000637

1. Entity Name
HORIZON BEHAVIORAL SERVICES, INC.



Principal Place of Business
**ST. PAUL'S EXECUTIVE CENTER
1398 SEMORAN BLVD., SUITE 230
CASSELBERRY, FL 32707**

Mailing Address
**1500 WATERS RIDGE DR
LEWISVILLE, TX 75057 US**

04013382



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3269144

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAITNER, LINDA 1500 WATERS RIDGE DR LEWISVILLE, TX 75057	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST MCATEE, JAMES W 1500 WATERS RIDGE DR LEWISVILLE, TX 75057	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, DOROTHY 1500 WATERS RIDGE DR LEWISVILLE, TX 75057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROGAN, JEAN 1500 WATERS RIDGE DR LEWISVILLE, TX 75057	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT DRABIK, RONALD C 1500 WATERS RIDGE DR. LEWISVILLE, TX 75057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL, PATTI 1500 WATERS RIDGE DR. LEWISVILLE, TX 75057	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JACKIE LYNNE JAMES 1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057-6011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVID K MEYERCORD 1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057-6011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN PITTS 1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057-6011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald C Drabik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD C DRABIK

SR. V.P. 01/07/04 972-420-8200

Date

Daytime Phone #