2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F95000000637

1. Entity Name
HORIZON BEHAVIORAL SERVICES, INC.

FILED
05 NOV 18 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/21/05 01/01 019 4275

10262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1035 GREENWOOD BOULEVARD SUITE 201 LAKE MARY, FL 32746	1500 WATERS RIDGE DR LEWISVILLE, TX 75057 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

000060753290
10/21/05 01010 019 **43.75

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's signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	President ☐ Change ☒ Addition
NAME	LYNNE JAMES, JACKIE	NAME	Cynthia Sheriff
STREET ADDRESS	1500 WATERS RIDGE DR	STREET ADDRESS	1500 Waters Ridge Dr.
CITY-ST-ZIP	LEWISVILLE, TX 75057	CITY-ST-ZIP	Lewisville, TX 75057
TITLE	S ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	MEYERCORD, DAVID K	NAME	James Ken Newman
STREET ADDRESS	1500 WATERS RIDGE DR	STREET ADDRESS	1500 Waters Ridge Dr.
CITY-ST-ZIP	LEWISVILLE, TX 75057	CITY-ST-ZIP	Lewisville, TX 75057
TITLE	VP ☒ Delete	TITLE	VP ☐ Change ☐ Addition
NAME	HARRISON, DOROTHY	NAME	Monahan, Brian
STREET ADDRESS	1500 WATERS RIDGE DR	STREET ADDRESS	1500 Waters Ridge Dr
CITY-ST-ZIP	LEWISVILLE, TX 75057	CITY-ST-ZIP	Lewisville TX 75057
TITLE	TSVF ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PITTS, JOHN	NAME	
STREET ADDRESS	1500 WATERS RIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE, TX 75057	CITY-ST-ZIP	
TITLE	TCFO ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DRABIK, RONALD C	NAME	000060753290
STREET ADDRESS	1500 WATERS RIDGE DR.	STREET ADDRESS	11/30/05--01046--006 **26.25
CITY-ST-ZIP	LEWISVILLE, TX 75057	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: BRIAN MONAHAN, VP OF CORP TAX, HHC 11/04/05 972 420 8358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 0 1 2005