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 01010 019 **43.75

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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