2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # F9500000637 1. Entity Name HORIZON BEHAVIORAL SERVICES, INC.						01-16-2007 90197 036 ***150.00					
Principal Place	e of Rusiness	Mailing Address				60001889					
2941 S. LAKE VISTA DR.		2941 S. LAKE VISTA DR.			į.		0000	11009			
LEWISVILLE,		LEWISVILLE, TX 75067									
					1	. (55)					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							 		
Suite, Apt.	# etc	Suite, Apt. #, etc.									
55M5, 1 Ipt.	., 5.5.					01052007	Chg-P	CR2E03	4 (12/06)		
City & State	9	City & State				4. FEI Numbe	r		Ap	plied For	
						59-3269	9144			t Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Current Registered Agent		l. <u>-</u>	I	1	7 Name and	Address of New F		ee Required		
o. Name and Address of Culterit Registered Agent				Name		7. Neille alle	Addition of from the	rofision wi	joint		
CT CORPORATION SYSTEM											
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
PLANTATI	ON, FL:33324										
			City					Zio Code			
<u>.</u>				City	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 of printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution. Added						00 May Be d to Fees					
10.	OFFICERS AND	DIRECTORS	11.				CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE	P	☐ Delete	TITL		Pre	sident			Change	Addition	
NAME			NAM	-	Cyn	nthia Sheriff 415. Lake Vista Dr.					
STREET ADDRESS	1500 WATERS RIDGE DR			ET ADDRESS	JA94	11,5	are VIS	コーク	` 	j	
CITY-\$T-ZIP	LEWISVILLE, TX 75057			- ST - ZIP	Len	<u> 115 Vil</u>	le, TX	1506			
TITLE NAME	S MEYERCORD, DAVID K	☐ Delete	TITLI		250	retary	war and		Change	Addition	
STREET ADDRESS	1500 WATERS RIDGE DR			ET ADDRESS	Day	116 116	yercord ake vis	ta Dr			
CITY-ST-ZIP	LEWISVILLE, TX 75057			-ST-ZIP	1.01	015111	e TX	2506	2		
TITLE	D.	Qelete	TITL						☐ Change	Addition	
NAME	NEWMAN, JAMES K		NAM	Ε							
STREET ADDRESS	1500 WATERS RIDGE DR			E1 ADDRESS							
CITY-ST-ZIP	LEWISVILLE, TX 75057		CITY	- ST - ZIP							
TITLE	TSVF	☐ Delete	TITL		Tre	asurer	- Lud-se	3	Change	☐ Addition	
NAME	PITTS, JOHN		NAM	ET ADDRESS	DO	no Pi	ake Vis	to Dr			
STREET ADDRESS CITY-ST-ZIP	1500 WATERS RIDGE DR LEWISVILLE, TX 75057			-ST-ZIP	394		le,TX	7500	_		
TITLE	VP		TITL			e Presi			Change	☐ Addition	
NAME	MONAHAN, BRIAN	☐ Delete	NAM		نمما	an no	and have		•	C VOCATION	
STREET ADDRESS	1500 WATERS RIDGE DR.			E1 ADDRESS	المحد	11 S. L	ake VIS	ta Di	- •		
CITY-ST-ZIP	LEWISVILLE, TX 75057		CITY	-ST-ZIP	Lei	visvil	le, TX 7	5007		1	
TITLE	D	☐ Detete	TITL	Ε	Dir	rector	• '		Change	□ Addition	
NAME	WHITE, DAVID K		NAM	E	Da	vid N	hite		•		
STREET ADDRESS	1500 WATERS RIDGE DR			ET ADDRESS	70	6 1	AKA VI	sta L	>r ,	1	
CITY-ST-ZIP	LEWISVILLE, TX 75057			- ST - ZIP		W1501	ne, in	, , , ,	, w /		
CITY-ST-ZIP LEWISVILLE, TX 75057 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this contained in this contained in the same length effect as if made under oath, that I am an officer or director.											

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 ah address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Monahan

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