

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90197 036 ***150.00

DOCUMENT # F95000000637

1. Entity Name
HORIZON BEHAVIORAL SERVICES, INC.



Principal Place of Business
**2941 S. LAKE VISTA DR.
LEWISVILLE, TX 75067**

Mailing Address
**2941 S. LAKE VISTA DR.
LEWISVILLE, TX 75067**

60001889



01052007 Chg-P CR2E034 (12/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SHERIFF, CYNTHIA 1500 WATERS RIDGE DR LEWISVILLE, TX 75057 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERCORD, DAVID K 1500 WATERS RIDGE DR LEWISVILLE, TX 75057 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JAMES K 1500 WATERS RIDGE DR LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVF PITTS, JOHN 1500 WATERS RIDGE DR LEWISVILLE, TX 75057 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONAHAN, BRIAN 1500 WATERS RIDGE DR. LEWISVILLE, TX 75057 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DAVID K 1500 WATERS RIDGE DR LEWISVILLE, TX 75057 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cynthia Sheriff 2941 S. Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David Meyercord 2941 S. Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Pitts 2941 S. Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian Monahan 2941 S. Lake Vista Dr. Lewisville, TX 75067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David White 2941 S. Lake Vista Dr. Lewisville, TX 75067 <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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Monahan

Date

1/8/07

Daytime Phone #

(972) 420-8358