• FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 24 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001396 (8)**

1. Corporation Name
HORIZON MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4235 S. STREAM BLVD., STE. 300 CHARLOTTE NC 28217	4235 S. STREAM BLVD., STE. 300 CHARLOTTE NC 28217-4535

3. Date Incorporated or Qualified: **03/19/1996** | 3a. Date of Last Report:

2. Principal Place of Business — 22 Suite, Apt. #, etc.: | 23 City & State: ALB., NM | 24 Zip: 87110 | 25 Country:

2a. Mailing Address — 26: P.O. BOX 30078 | 27 Suite, Apt. #, etc.: | 28 City & State: ALB, NM | 29 Zip: 87190 | 30 Country:

4. FEI Number: **APPLIED FOR 06-063185** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALES, CHARLES H		1.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD, NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM 87110		1.4 CITY-ST-ZIP	
TITLE	PT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EGAN, JOHN F		2.2 NAME	
STREET ADDRESS	4235 S. STREAM BLVD., STE. 300		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHOFIELD, ERNEST A		3.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD, NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM 87110		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SAUDER, SCOT		4.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD, NE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM 87110		4.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AGRAWAL, ANDY		5.2 NAME	
STREET ADDRESS	4235 S. STREAM BLVD., STE. 300		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LAVORE, JOSEPH		6.2 NAME	
STREET ADDRESS	4235 S. STREAM BLVD., STE. 300		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217		6.4 CITY-ST-ZIP	

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****165.00 ****165.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/24/97

CR2E034 (9/96)