




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90243 001 ***150.00
05-18-2005 90243 002 ***150.00

DOCUMENT # F96000001396 1. Entity Name HORIZON MEDICAL MANAGEMENT, INC.					
Principal Place of Business 1 HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243			Mailing Address PO BOX 380546 BIRMINGHAM, AL 35238		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66017822 	
City & State		City & State		04262005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 06-0631851	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T 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, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	CD GORDON, JOEL C ONE HEALTH SOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Grinney, Jay One HealthSouth Parkway Birmingham, Alabama 35243
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTH SOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANSONE, GUY 1 HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOODY, GREGORY L ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DREW, DEMARAY C 1 HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M 1 HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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 M. Menke 1/27/05 (205)967-7116		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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ATTACHMENT

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1st MOORE CR2E034 (10/04)

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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD GORDON, JOEL C <input checked="" type="checkbox"/> Delete ONE HEALTH SOUTH PARKWAY BIRMINGHAM AL 35243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD Grinney, Jay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One HealthSouth Parkway Birmingham, Alabama 35243	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAY, ROBERT P <input checked="" type="checkbox"/> Delete ONE HEALTH SOUTH PARKWAY BIRMINGHAM AL 35243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Snow, Michael D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One HealthSouth Parkway Birmingham, Alabama 35243	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANSONE, GUY <input checked="" type="checkbox"/> Delete 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT Workman, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One HealthSouth Parkway Birmingham, Alabama 35243	
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SIGNATURE Brian M. Menke, Vice President 4/25/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small> 205-967-7116					