2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 18, 2005 8:00 am Secretary of State 05-18-2005 90243 001 ***150.00 DOCUMENT # F9600001396 05-18-2005 90243 002 ***150.00 HORIZON MEDICAL MANAGEMENT, INC. Mailing Address Principal Place of Business 1 HEALTHSOUTH PARKWAY PO BOX 380546 66017822 BIRMINGHAM, AL 35243 BIRMINGHAM, AL 35238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 06-0631851 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CPD TITLE CD K Delete TITLE ☐ Change X Addition GORDON, JOEL C NAME Grinney, Jay ONE HEALTH SOUTH PARKWAY STREET ADDRESS STREET ADDRESS One HealthSouth Parkway CITY-\$1-ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP <u> Birmingham, Alabama 35243</u> Delete PD TITLE Change XX Addition MAY, ROBERT P NAME Workman, John ONE HEALTH SOUTH PARKWAY STREET ADDRESS STREET ADDRESS One HealthSouth Parkway CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM, AL 35243 Birmingham, AL 35243 K) Delete TITLE VDT X Addition TITLE ☐ Change SANSONE, GUY NAME NAME Snow, Michael D. 1 HEALTHSOUTH PKWY STREET ADDRESS STREET ADORESS One HealthSouth Parkway BIRMINGHAM, AL 35243 CITY-ST-ZIP CITY-ST-21P Birmingham, AL 35243 VSD ☐ Delete TITI F Change ☐ Addition NAME DOODY, GREGORY L NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS BIRMINGHAM, AL 35243 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE DREW, DEMARAY C NAME 1 HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35243 CITY-ST-ZIP Delete TITLE Change Addition TITLE MENKE, BRIAN M NAME NAME 1 HEALTHSOUTH PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35243 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 his peport 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 exported in the proposer of the corporation of the receiver of the corporation or the receiver of the receiver of the corporation of the receiver of the receiver of the corporation or the receiver of the receiver of the receiver of the corporation of the receiver of the receiv

SIGNATURE AND TYPE OR PRIMITED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Brian M. Menke</u>

SIGNATURE:

FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)	}			:	SUCY		
DOCUMENT # F9600001396 1. Entity Name HORIZON MEDICAL MANAGEMENT, INC.					ATTACHMENT				
Principal Place of Business 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243		Mailing Address PO BOX 380546 BIRMINGHAM AL 35238			66017822				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City & State			4. FEI Numb	^{er} 06-06318	51	<u> </u>	oplied For ot Applicable
Zip Country		Žip	Country			of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					/. Name and	d Address of New	Hegistered	Agent	
1200	CORPORATION SYSTEM O SOUTH PINE ISLAND ROA NTATION FL 33324	AD	Street City	Street Address (P.O. Box Number is Not Acceptable)					
8. The above the obligate	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		'			oth, in the State of	Florida. I an	- `	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department of		nogalated rigotic sign		with tenseating)	9. Election Carr Trust Fund C	npaign Finan		.00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CHY-ST-ZIP	CD GORDON, JOEL C ONE HEALTH SOUTH PARKWAY BIRMINGHAM AL 35243	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0ne	ney, Jay HealthSo		ау	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTH SOUTH PARKWAY BIRMINGHAM AL 35243	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Snow One	, Michae HealthSo		ay	□ Chaлge	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	V SANSONE, GUY 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	🔼 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0ne		n outh Parkw Alabama 3	-	☐ Change	₩ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VSD DOODY, GREGORY L ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DREW, DEMARAY C 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Formalis		7	☐ Change	Addition
iz. Thereby c	ertify that the information supplied with	this filing does not qualify for	the exemption st	ated in Se	ction 119.07(3)	(i). Florida Statute	s. I further co	ertify that the i	nformation

12. Thereby certify that the information supplied with this filling 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 and sowered 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

Brian M. Menke, Vice President

Date

Date

Date

Date

Date

Description of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and other than a control of the corporation or the receiver or trustee and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee and that my name appears in Block 10 or Block 11 if the corporation or or an attachment with an address.

SIGNATURE AND TYPED OR FIRITION NAME OF SIGNING OFFICER OR DIRECTOR

Date Date of the corporation of th