

2004 FOR PROFIT CORPORATION ANNUAL REPORT

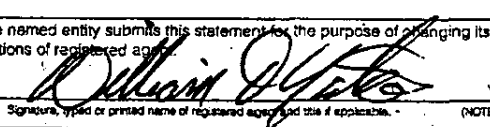
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Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90006 002 ***150.00

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05032004 Chg-P CR2E034 (10/03)

DOCUMENT # J40126					
1. Entity Name HORIZON HEALTH CARE SYSTEMS, INC.					
Principal Place of Business 1357 BRICKYARD RD STE 2 CHIPLEY, FL 32428 US			Mailing Address 1357 BRICKYARD RD STE 2 CHIPLEY, FL 32428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2744608	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YATES, WILLIAM E 805 HIGHWAY 90 CHIPLEY, FL 32428				7. Name and Address of New Registered Agent Name Yates, William D Street Address (P.O. Box Number is Not Acceptable) 605 Krystal Ln City Lynn Haven FL 32444	
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 		DATE 5/11/04		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	DP YATES, WILLIAM E. 805 HIGHWAY 90 CHIPLEY, FL 32428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP YATES, CHARLOTTE M 805 HIGHWAY 90 CHIPLEY, FL 32428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP YATES, WILLIAM D 3380 FRED GEORGE RD, APT 105 TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Yates, William D ☒ Change ☐ Addition 605 Krystal Ln Lynn Haven, FL 32444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARTER, PHILLIP M 746 5TH ST. CHIPLEY, FL 32428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: 		DATE 5/11/04		Daytime Phone #	