


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90034 032 ***150.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2744608	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YATES, WILLIAM E 605 KRYSTAL LANE LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name Yates, William D Street Address (P.O. Box Number is Not Acceptable) 605 Krystal Lane 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			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	DVP YATES, WILLIAM D 605 KRYSTAL LANE LYNN HAVEN, FL 32444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Carter, Phillip M 4142 Dorchester Ct Sunnyhills, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARTER, PHILLIP M 746 5TH ST. CHIPLEY, FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Carter, Phillip M 4142 Dorchester Ct Sunnyhills, FL 32428	
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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: <i>William D. Yates</i> William D. Yates 3/28/05 850-638-4719 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					