


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90107 010 \*\*\*150.00

<b>DOCUMENT # J40126</b> 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 <b>59-2744608</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <u>William D. Yates</u> Street Address (P.O. Box Number is Not Acceptable) <u>605 Krystal Ln</u> City <u>Lynn Haven</u> <b>FL</b> Zip Code <u>32444</u>		
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>William D. Yates</u>		Vice President		4/20/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DVP		TITLE		
NAME	YATES, WILLIAM D		NAME		
STREET ADDRESS	605 KRYSTAL LANE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	DVP		TITLE		
NAME	CARTER, PHILLIP M		NAME		
STREET ADDRESS	4142 DORCHESTER CT		STREET ADDRESS		
CITY-ST-ZIP	SUNNYHILLS, FL 32428		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William D. Yates</u>		4/20/06		850-638-4719	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	