


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90015 044 \*\*\*\*50.00

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # M02000002351</b>   |         |  |         |
| 1. Entity Name<br><b>HORIZON HOME CARE LLC</b>                                 |         |   |         |
| Principal Place of Business<br><b>2740 HEADLAND AVENUE<br/>DOTHAN AL 36303</b> |         | Mailing Address<br><b>2740 HEADLAND AVENUE<br/>DOTHAN AL 36303</b>                |         |
| 2. Principal Place of Business<br><b>430 West Main St</b>                      |         | 3. Mailing Address<br><b>430 West Main Street</b>                                 |         |
| Suite, Apt. #, etc.<br><b>Suite 1</b>  |         | Suite, Apt. #, etc.<br><b>Suite 1</b>   |         |
| City & State<br><b>Dothan, AL 36301</b>  |         | City & State<br><b>Dothan, AL</b>   |         |
| Zip<br><b>36301</b>  | Country | Zip<br><b>36301</b>   | Country |



MOORE CR2E083 (11/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>82-0559199</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HORIZON HEALTH NETWORK LLC<br>2740 HEADLAND AVENUE<br>DOTHAN AL 36303 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*W. Berry Sowell*

Date

*4/22/04*

Daytime Phone #

*(334) 794-0507*