


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M02000002353</b><br>1. Entity Name<br>HORIZON HEALTH NETWORK LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>2740 HEADLAND AVENUE<br>DOTHAN, AL 36303 | Mailing Address<br>2740 HEADLAND AVENUE<br>DOTHAN, AL 36303 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-LLC CR2E083 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>33-1017853 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

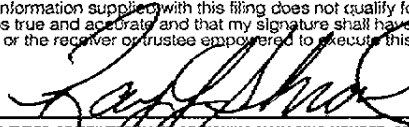
**Filing Fee is \$50.00  
Due by May 1, 2004**

000000090958  
03/17/04-80040-002 55.00

| 9. MANAGING MEMBERS/MANAGERS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | CEOP<br>SHROUT, RAY<br>2740 HEADLAND AVENUE<br>DOTHAN, AL 36303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | CV<br>SOWELL, BERRY<br>2740 HEADLAND AVENUE<br>DOTHAN, AL 36303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/11/04 334-792-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #