2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002353

City-St-Zip:

Entity Name: HORIZON HEALTH NETWORK LLC

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2740 HEADLAND AVENUE 2740 HEADLAND AVENUE DOTHAN, AL 36303 DOTHAN, AL 36303 **Current Mailing Address: New Mailing Address:** 3350 RIVERWOOD PARKWAY 3 HUNTINGTON QUADRANGLE **SUITE 1400** SUITE 200S ATLANTA, GA 30339 MELVILLE, NY 11747 US FEI Number: 33-1017853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLUMBERGEXCELIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition STRANGE, TONY WIREGRASS HOSPICE CA, RE, INC. Name: Name: Address: 3350 RIVERWOOD PARKWAY, STE 1400 Address: 3 HUNTINGTON QUADRANGLE, STE. 200S City-St-Zip: ATLANTA, GA 30339 City-St-Zip: MELVILLE, NY 11747 US Title: Title: () Change (X) Addition () Delete Name: Name: MALONE, RONALD A Address: Address: 3 HUNTINGTON QUADRANGLE, STE, 200S City-St-Zip: City-St-Zip: MELVILLE, NY 11747 US Title: () Delete Title: () Change (X) Addition POTAPCHUK, JOHN R Name: Name: 3 HUNTINGTON QUADRANGLE, STE. 200S Address: Address: City-St-Zip: City-St-Zip: MELVILLE, NY 11747 US Title: () Delete Title: () Change (X) Addition Name: Name: PAIGE, STEPHEN B 3 HUNTINGTON QUADRANGLE, STE. 200S Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

MELVILLE, NY 11747 US

SIGNATURE: STEPHEN B PAIGE S 03/29/2007