

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002353

FILED
Feb 18, 2008
Secretary of State

Entity Name: HORIZON HEALTH NETWORK LLC

Current Principal Place of Business:

2740 HEADLAND AVENUE
DOTHAN, AL 36303 US

New Principal Place of Business:

Current Mailing Address:

3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE, NY 11747 US

New Mailing Address:

FEI Number: 33-1017853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: WIREGRASS HOSPICE CA, RE, INC.
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: C () Delete
Name: MALONE, RONALD A
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: T () Delete
Name: POTAPCHUK, JOHN R
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: S () Delete
Name: PAIGE, STEPHEN B
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: STEPHEN B. PAIGE

S

02/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date