2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# M02000002353

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:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339 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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: WIREGRASS HOSPICE CARE, INC.
Address: 3350 RIVERWOOD PARKWAY, SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: P
Name: STRANGE, TONY
Address: 3350 RIVERWOOD PARKWAY, SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: T
Name: SLUSSER, ERIC R
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: S
Name: CAMPERLENGO, JOHN N
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

I hereby 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 Statues.

SIGNATURE: JOHN N CAMPERLENGO S 03/16/2011

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