

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002353

**FILED**  
**Apr 13, 2012**  
**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:**

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.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 US

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: JOSE MOJICA

04/13/2012

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 Statutes.

SIGNATURE: JOHN N CAMPERLENGO

S

04/13/2012

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