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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14080** **(6)**

1. Corporation Name

HORIZON HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
6001 INDIAN SCHOOL RD., NE STE. 530 ATTN: JULIE VALDEZ ALBUQUERQUE NM 87110-4139 US	6001 INDIAN SCHOOL RD., NE STE. 530 ATTN: JULIE VALDEZ ALBUQUERQUE NM 87110-4139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1987**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **91-1346899** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature required for printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	11 TITLE	P/D	☑ Change ☐ Addition
NAME	NEAL, ELLIOTT	12 NAME	Elliott, Neal H.	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E., STE. 530	13 STREET ADDRESS	5691 Los Poblanos, N.W.	
CITY-ST-ZIP	ALBUQUERQUE NM	14 CITY-ST-ZIP	Albuquerque, NM 87107	
TITLE	D	21 TITLE	V/T/D	☑ Change ☐ Addition
NAME	BELT, JR. K	22 NAME	Belt, Kiemett L. Jr	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E., STE. 530	23 STREET ADDRESS	9404 Seabrook, N.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	24 CITY-ST-ZIP	Albuquerque, NM 87111	
TITLE	D	31 TITLE	V/D	☑ Change ☐ Addition
NAME	GONZALES, CHARLES	32 NAME	Gonzales, Charles H	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E., STE. 530	33 STREET ADDRESS	1419 Camino Alegre	
CITY-ST-ZIP	ALBUQUERQUE NM	34 CITY-ST-ZIP	Albuquerque, NM 87107	
TITLE	D	41 TITLE	V/D	☑ Change ☐ Addition
NAME	JEFFRIES, MICHAEL	42 NAME	Jeffries, Michael	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E., STE. 530	43 STREET ADDRESS	3018 Ashlar Place	
CITY-ST-ZIP	ALBUQUERQUE NM	44 CITY-ST-ZIP	Rio Rancho, NM 87124	
TITLE	D	51 TITLE	S	☐ Change ☑ Addition
NAME	NOVECK, RAYMOND N.	52 NAME	Snider, Scot	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E., STE. 530	53 STREET ADDRESS	3412 Mateo Road, N.W.	
CITY-ST-ZIP	ALBUQUERQUE NM	54 CITY-ST-ZIP	Albuquerque, NM 87107	
TITLE	D	61 TITLE	V/CFO	☐ Change ☑ Addition
NAME	MCCORD, FRANK	62 NAME	Schofield, Ernest A.	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E., STE. 530	63 STREET ADDRESS	6121 Careuse I, N.W.	
CITY-ST-ZIP	ALBUQUERQUE NM	64 CITY-ST-ZIP	Albuquerque, NM 87120	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: _____ CHARLES N. GONZALES (505) 881-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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HORIZON HEALTHCARE CORPORATION

OFFICERS:

President/Director	Neal M. Elliott	5091 Los Poblanos, N.W. Albuquerque, NM 87107
EXEC VP, Treasurer & Director	Klemett L. Bell, Jr.	9406 Seabrook NE Albuquerque, NM 87111
SR VP Operations & Director	Michael A. Jeffries	3018 Ashkirk PL Rio Rancho, NM 87124
Secretary, General Counsel	Scot Sauder	3412 Mateo Prado NW Albuquerque, NM 87107
SR VP, Asst. Sec. & Director	Charles H. Gonzales	1419 Camino Amparo Albuquerque, NM 87107
SR VP, CFO	Ernest A. Schofield	6121 Carousal NW Albuquerque, NM 87120

DIRECTORS (not listed above)

Frank M. McCord	5730 Sound Ave.	Everett, WA 98203
Raymond Noveck	31 Karen Road	Wabin, MA 02168
Gerard M. Martin	122 Pond Street	Jamaica Plain, MA 02130
Barry M. Portnoy	Tobacco Road	Eaton, NH 03832

The above Officers' and Directors' terms expire on September 30, 1995