SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
HORIZON/CMS HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
6001 INDIAN SCHOOL RD., NE ~~STE. 500 ATTN: JULIE VALDEZ~~ ALBUQUERQUE NM 87110-4139 US	6001 INDIAN SCHOOL RD., NE ~~STE. 500 ATTN: JULIE VALDEZ~~ ALBUQUERQUE NM 87110-4139 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **04/16/1987**
3a. Date of Last Report: **04/07/1995**
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 _____ (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEAL, ELLIOTT		1.2 NAME	
STREET ADDRESS	5091 LOS PABLANOS, N.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM		1.4 CITY-ST-ZIP	
TITLE	VTD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BELT, KLEMETT L JR.		2.2 NAME	
STREET ADDRESS	9406 SEABROOK NE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GONZALES, CHARLES H		3.2 NAME	
STREET ADDRESS	1419 CAMINO AMPARO		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JEFFRIES, MICHAEL		4.2 NAME	
STREET ADDRESS	3018 ASHKIRK PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	RIO RANCHO NM		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SAUDER, SCOT		5.2 NAME	
STREET ADDRESS	3412 MATEO PRADO, NW		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM		5.4 CITY-ST-ZIP	
TITLE	VCFO	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHOFIELD, ERNEST A		6.2 NAME	
STREET ADDRESS	6121 CAAROUSEL N.W.		6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/25/96 5058786100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ernest A. Schofield

0182231 FN