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
6001 INDIAN SCHOOL RD., NE
~~STE. 530 ATTN: JULIE VALDEZ~~
ALBUQUERQUE NM 87110-4139
US

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

3. Date Incorporated or Qualified: **04/16/1987**
3a. Date of Last Report: **04/07/1995**

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: Signature, typed or printed name of registered agent and date (required) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NEAL, ELLIOTT	
STREET ADDRESS	5091 LOS PABLANOS, N.W.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VTD	☑ DELETE
NAME	BELT, KLEMETT L JR.	
STREET ADDRESS	9406 SEABROOK NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VD	☐ DELETE
NAME	GONZALES, CHARLES H	
STREET ADDRESS	1419 CAMINO AMPARO	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VD	☐ DELETE
NAME	JEFFRIES, MICHAEL	
STREET ADDRESS	3018 ASHKIRK PLACE	
CITY-ST-ZIP	RIO RANCHO NM	
TITLE	S	☐ DELETE
NAME	SAUDER, SCOT	
STREET ADDRESS	3412 MATEO PRADO, NW	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VCFO	☐ DELETE
NAME	SCHOFIELD, ERNEST A	
STREET ADDRESS	6121 CAAROUSEL N.W.	
CITY-ST-ZIP	ALBUQUERQUE NM	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (Date) 5058786100 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ernest A. Schofield

CR2E034 (3/96)

0182231 FN