

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33329** (4)
1. Corporation Name
HORIZON MENTAL HEALTH MANAGEMENT, INC.



Principal Place of Business 2220 SAN JACINTO SUITE 320 DENTON TX 76205	Mailing Address 2220 SAN JACINTO SUITE 320 DENTON TX 76205-7540
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3. Date Incorporated or Qualified 03/26/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1500 WATERS RIDGE DRIVE Suite, Apt. #, etc. 22 City & State 23 LEWISVILLE, TX Zip 24 75057	2a. Mailing Address 26 1500 WATERS RIDGE DRIVE Suite, Apt. #, etc. 27 City & State 28 LEWISVILLE, TX Zip 29 75057	Country 25 USA 30 USA
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4. FEI Number 36-3709746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, JAMES KEN	1.2 NAME	
STREET ADDRESS	2220 SAN JACINTO #320	1.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	DENTON TX	1.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGAN, GARY A.	2.2 NAME	
STREET ADDRESS	4560 BELTLINE ROAD	2.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCATEE, JAMES W.	3.2 NAME	
STREET ADDRESS	2220 SAN JACINTO #320	3.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	DENTON TX	3.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWDER, JERRY G.	4.2 NAME	
STREET ADDRESS	2220 SAN JACINTO #320	4.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	DENTON TX	4.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST FOR ADDITIONAL OFFICERS	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:  **JAMES W. MCATEE** 4/11/97 (972) 420-8350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0507499

**HORIZON MENTAL HEALTH MANAGEMENT, INC.
ADDITIONAL OFFICERS**

ADDITIONAL OFFICERS:

**JACK DEVANEY
EXECUTIVE VICE PRESIDENT
1500 WATERS RIDGE DR
LEWISVILLE, TX 75057-6011**

**DAVID CHAISSON
SR REGIONAL VICE PRESIDENT
1500 WATERS RIDGE DR
LEWISVILLE, TX 75057-6011**

**PAT DOYLE
SR VICE PRESIDENT
1500 WATERS RIDGE DR
LEWISVILLE, TX 75057-6011**

**CECELIA WRIGHT
REGIONAL VICE PRESIDENT
4135 BLACKHAWK PLAZA CIRCLE SUITE 280
DANVILLE, CA 94506**

**PETER ULASEWICZ
REGIONAL VICE PRESIDENT
1699 EAST WOODFIELD DR SUITE 585
SCHAUMBURG, IL 60173**

**WILLIAM EDELL
SR VICE PRESIDENT
1500 WATERS RIDGE DR
LEWISVILLE, TX 75057-6011**

**DAVID WHITE, PhD
REGIONAL VICE PRESIDENT
400 W CUMMINGS PARK SUITE 500
WOBURN, MA 01801**

**BOB LEFTON
1500 WATERS RIDGE DR
LEWISVILLE, TX 75057-6011**