


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33329 (4) 1. Corporation Name HORIZON MENTAL HEALTH MANAGEMENT, INC.					
Principal Place of Business 1500 WATERS RIDGE DR. SUITE 320 LEWISVILLE TX 75057 US			Mailing Address 1500 WATERS RIDGE DR. SUITE 320 LEWISVILLE TX 75057 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/26/1991		4. FEI Number 36-3709746 Applied For Not Applicable		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		9. May Be Added to Fees		10. \$5.00	

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			
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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
P NEWMAN, JAMES KEN 1500 WATERS RIDGE DR. LEWISVILLE TX				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
EVP KAGAN, GARY A. 1500 WATERS RIDGE DR. LEWISVILLE TX				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
VS MCATEE, JAMES W. 1500 WATERS RIDGE DR. LEWISVILLE TX				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
VP BROWDER, JERRY G. 1500 WATERS RIDGE DR. LEWISVILLE TX				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
EXECUTIVE VICE PRESIDENT JACK DEVANEY 1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
EXECUTIVE VICE PRESIDENT ROBERT A. LEFTON 1500 WATERS RIDGE DRIVE LEWISVILLE, TEXAS 75057							

14. I 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

1/14/98

972-420-8550

CR2E034 (10/97)