

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90043 036 ***150.00

DOCUMENT # P33329

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

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME NEWMAN, JAMES KEN
STREET ADDRESS 1500 WATERS RIDGE DR.
CITY-ST-ZIP LEWISVILLE TX

TITLE EVP ☒ DELETE

NAME KAGAN, GARY A.
STREET ADDRESS 1500 WATERS RIDGE DR.
CITY-ST-ZIP LEWISVILLE TX

TITLE VS ☒ DELETE

NAME MCATEE, JAMES W.
STREET ADDRESS 1500 WATERS RIDGE DR.
CITY-ST-ZIP LEWISVILLE TX

TITLE VP ☐ DELETE

NAME BROWDER, JERRY G.
STREET ADDRESS 1500 WATERS RIDGE DR.
CITY-ST-ZIP LEWISVILLE TX

TITLE EVP ☒ DELETE

NAME JACK DEVANEY
STREET ADDRESS 1500 WATERS RIDGE DR.
CITY-ST-ZIP LEWISVILLE TX 75057

TITLE EVP ☒ DELETE

NAME ROBERT A. LEFTON
STREET ADDRESS 1500 WATERS RIDGE DR.
CITY-ST-ZIP LEWISVILLE TX 75057

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☒ Addition

1.2 NAME JAMES W. MCATEE
1.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
1.4 CITY-ST-ZIP LEWISVILLE, TX 75057

2.1 TITLE TREASURER ☒ Change ☒ Addition

2.2 NAME JAMES W. MCATEE
2.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
2.4 CITY-ST-ZIP LEWISVILLE, TX 75057

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME DAVID WHITE
3.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
3.4 CITY-ST-ZIP LEWISVILLE, TX 75057

4.1 TITLE EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition

4.2 NAME DAVID WHITE
4.3 STREET ADDRESS 1500 WATERS RIDGE DRIVE
4.4 CITY-ST-ZIP LEWISVILLE, TX 75057

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 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, with all other like empowered.

SIGNATURE:

JAMES W. MCATEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

(972) 420-8350
Daytime Phone #

CR2E034 (11/98)