

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P33329**

1. Entity Name

HORIZON MENTAL HEALTH MANAGEMENT, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90063 043 ***150.00

0001446

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**

2. Principal Place of Business
1500 WATERS RIDGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
1500 WATERS RIDGE DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LEWISVILLE, TX

Zip
75057-6011

Country
USA

4. FEI Number **36-3709746**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCATEE, JAMES W 1500 WATERS RIDGE DR. LEWISVILLE TX 75057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS WHITE, DAVID 1500 WATERS RIDGE DR. LEWISVILLE TX 75057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCATEE, JAMES W. 1500 WATERS RIDGE DR. LEWISVILLE TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VICE PRESIDENT FRANK BAUMANN 1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057-6011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWDER, JERRY G. 1500 WATERS RIDGE DR. LEWISVILLE TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VICE PRESIDENT JEFF MICHEAL 1500 WATERS RIDGE DRIVE LEWISVILLE, TX 75057-6011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT DRABIK, RONALD C 1500 WATERS RIDGE DR. LEWISVILLE TX 75057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP/CFO/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald C. Drabik* **RONALD C. DRABIK SR. VP** *01/12/01* **972-420-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)