

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90005 011 ***150.00

DOCUMENT # P33329

1. Entity Name
HORIZON MENTAL HEALTH MANAGEMENT, INC.



Principal Place of Business Mailing Address
1500 WATERS RIDGE DR. 1500 WATERS RIDGE DR.
LEWISVILLE, TX 75057-6011 US LEWISVILLE, TX 75057-6011 US

44004790



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

01072004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	MCATEE, JAMES W	
STREET ADDRESS	1500 WATERS RIDGE DR.	
CITY-ST-ZIP	LEWISVILLE, TX 75057	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WHITE, DAVID	
STREET ADDRESS	1500 WATERS RIDGE DR.	
CITY-ST-ZIP	LEWISVILLE, TX 75057	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	BAUMANN, FRANK	
STREET ADDRESS	1500 WATERS RIDGE DR.	
CITY-ST-ZIP	LEWISVILLE, TX 750576011	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MICHEAL, JEFF	
STREET ADDRESS	1500 WATERS RIDGE DR.	
CITY-ST-ZIP	LEWISVILLE, TX 750576011	
TITLE	SVCT	<input type="checkbox"/> Delete
NAME	DRABIK, RONALD C	
STREET ADDRESS	1500 WATERS RIDGE DR.	
CITY-ST-ZIP	LEWISVILLE, TX 75057	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID K MEYERCORD	
STREET ADDRESS	1500 WATERS RIDGE DRIVE	
CITY-ST-ZIP	LEWISVILLE, TX 75057-6011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPHOFFINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN E PITTS	
STREET ADDRESS	1500 WATERS RIDGE DRIVE	
CITY-ST-ZIP	LEWISVILLE, TX 75057-6011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald C Drabik **RONALD C DRABIK** **SR V.P.** **01/07/04** **972-420-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #