

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 033 ***150.00

DOCUMENT # P33329

1. Entity Name
HORIZON MENTAL HEALTH MANAGEMENT, INC.



Principal Place of Business
**2941 S. LAKE VISTA DR.
LEWISVILLE, TX 75067 US**

Mailing Address
**2941 S. LAKE VISTA DR.
LEWISVILLE, TX 75067 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MEYERCORD, DAVID K
1500 WATERS RIDGE DR.
LEWISVILLE, TX 75057** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
David Meyercord
2941 S. Lake Vista Dr.
Lewisville, TX 75067** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
WHITE, DAVID
1500 WATERS RIDGE DR.
LEWISVILLE, TX 75057** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
David White
2941 S. Lake Vista Dr.
Lewisville, TX 75067** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TCEO
PITTS, JOHN E
1500 WATERS RIDGE DR.
LEWISVILLE, TX 750576011** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Treasurer
John Pitts
2941 S. Lake Vista Dr.
Lewisville, TX 75067** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BAUMANN, FRANK
1500 WATERS RIDGE DR.
LEWISVILLE, TX 750576011** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Michael Saul
2941 S. Lake Vista Dr.
Lewisville, TX 75067** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MONAHAN, BRIAN
1500 WATERS RIDGE DR.
LEWISVILLE, TX 750576011** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Brian Monahan
2941 S. Lake Vista Dr.
Lewisville, TX 75067** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Monahan

Date

1/8/07

Daytime Phone #

420-8358