

2008 FOR PROFIT CORPORATION ANNUAL REPORT


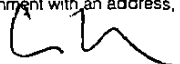
FILED
Mar 07, 2008 8:00 am
Secretary of State

02-20-2008 90010 016 ****25.00

03-07-2008 90038 012 ***150.00



01242008 Chg-P CR2E034 (12/06)

DOCUMENT # P33329					
1. Entity Name HORIZON MENTAL HEALTH MANAGEMENT, INC.					
Principal Place of Business 6640 CAROTHERS PKWY STE 500 FRANKLIN, TN 37067 US			Mailing Address 6640 CAROTHERS PKWY STE 500 FRANKLIN, TN 37067 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
4. FEI Number 36-3709746			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 2941 S. LAKE VISTA DRIVE LEWISVILLE, TX 75067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President & Director Joey A. Jacobs 6640 Carothers Pkwy Suite 500 Franklin TN 37067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WHITE, DAVID 2941 S. LAKE VISTA DRIVE LEWISVILLE, TX 75067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary & Director Christopher L. Howard 6640 Carothers Pkwy Suite 500 Franklin TN 37067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCEO PITTS, JOHN E 2941 S. LAKE VISTA DRIVE LEWISVILLE, TX 75067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Jack Tolson 6640 Carothers Pkwy Suite 500 Franklin TN 37067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAUL, MICHAEL 2941 S. LAKE VISTA DRIVE LEWISVILLE, TX 75067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Brent Turner 6640 Carothers Pkwy Suite 500 Franklin TN 37067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONAHAN, BRIAN 2941 S. LAKE VISTA DRIVE LEWISVILLE, TX 75067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Steven T. Davidson 6640 Carothers Pkwy Suite 500 Franklin TN 37067	<input type="checkbox"/> Change <input checked="" 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
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: 			1/28/08 615.312.5700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		