FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048905 (0)**

1. Corporation Name
HORIZON HEALTH SERVICES, INC.

Principal Place of Business
1200 CLINT MOORE RD.
BOCA RATON FL 33487

Mailing Address
1200 CLINT MOORE RD.
BOCA RATON FL 33487

3. Date Incorporated or Qualified: **06/22/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0545573 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
SHAPIRO, JANET
1200 CLINT MOORE ROAD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name: WILLIAM PEEHAN
82 Street Address (P.O. Box Number is Not Acceptable): 1100 CLINT MOORE ROAD #2
83
84 City: BOCA RATON FL 85 Zip Code: 33487

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: x William Peehan — WILLIAM PEEHAN, PRES. (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when resigning) x 4-22-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SHAPIRO, JANET	
STREET ADDRESS	1200 CLINT MOORE RD.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☑ Addition
1.2 NAME	PEEHAN, WILLIAM	
1.3 STREET ADDRESS	1100 CLINTMOORE ROAD #2	
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	SCOTT, ALAN	
2.3 STREET ADDRESS	1100 CLINTMOORE ROAD #2	
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
3.1 TITLE	STD	☐ Change ☑ Addition
3.2 NAME	APPLETON, PHILIP	
3.3 STREET ADDRESS	1100 CLINTMOORE RD #2	
3.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: x William Peehan — WILLIAM PEEHAN PRES. x 4/22/96 (407) 994-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #