or W05000014148

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 31 PM 12:01

DOCUMENT # F01000001129

1. Corporation Name
Horizon Medical Services (USA) Inc.

REINSTATEMENT 02-05

2. Principal Office Address		**3.** Mailing Office Address	
5051 SE Great Pocket Trail		5051 SE Great Pocket Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Stuart, Florida		City & State: Stuart, Florida	
Zip: 34997	Country: USA	Zip: 34997	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 02/26/2001

5. FEI Number: 65-1037397 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John Gearin

Street Address (P.O. Box Number is Not Acceptable): 5051 SE Great Pocket Trail

600050750846
04/14/05--01014--013 **1200.00

Suite, Apt. #, Etc.:

City: Stuart | State: FL | Zip Code: 34997

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: John Gearin
REGISTERED AGENT MUST SIGN

Date: 03/07/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John Gearin	5051 SE Great Pocket Trail	Stuart, Florida 34997

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John Gearin — John Gearin — 03/07/2005 — 772-260-7083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 18, 2005

HORIZON MEDICAL SERVICES (USA) INC.
5051 SE GREAT POCKET TRAIL
STUART, FL 34997

SUBJECT: HORIZON MEDICAL SERVICES (USA) INC.
Ref. Number: F01000001129

We have received your document for HORIZON MEDICAL SERVICES (USA) INC. and check(s) totaling $750.00. However, your check(s) and document are being returned for the following:

The fees to reinstate the corporation are as follows: $600 reinstatement fee, $61.25 filing fee per year for the years 2002 through the current year, $88.75 corporate supplemental fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is $1200.00. Add an additional $8.75 for each certificate of status requested.

There is a balance due of $450.00. If a certificate of status is desired, please add an additional $8.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 405A00018759