

F05000007441

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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Horizon Healthcare Supplies, Incorporated  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erica Williams

(Name of Person)

Horizon Healthcare Supplies, Incorporated

(Firm/Company)

2451 McMullen Booth Rd

(Address)

Clearwater, FL 33759

(City/State and Zip code)

For further information concerning this matter, please call:

Erica Williams

(Name of Person)

at ( 727 ) 799-4890

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 11, 2005

ERICA WILLIAMS  
HORIZON HEALTHCARE SUPPLIES, INCORPORATE  
2451 MCMULLEN BOOTH RD  
CLEARWATER, FL 33759

SUBJECT: HORIZON HEALTHCARE SUPPLIES, INCORPORATED  
Ref. Number: W05000046783

We have received your document for HORIZON HEALTHCARE SUPPLIES, INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 605A00061945



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 15, 2005

ERICA WILLIAMS  
HORIZON HEALTHCARE SUPPLIES, INCORPORATE  
2451 MCMULLEN BOOTH RD  
CLEARWATER, FL 33759

SUBJECT: HORIZON HEALTHCARE SUPPLIES, INCORPORATED  
Ref. Number: W05000046783

We have received your document for HORIZON HEALTHCARE SUPPLIES, INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 105A00067702

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Horizon Healthcare Supplies, Incorporated

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-3435013

(FEI number, if applicable)

4. 09/09/05

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2451 McMullen Booth Rd, Clearwater, FL 33759

(Principal office address)

Same

(Current mailing address)

8. To sell diabetic supplies

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Erica Williams

Office Address: 2451 McMullen Booth Rd

Clearwater, Florida 33759

(City)

(Zip code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

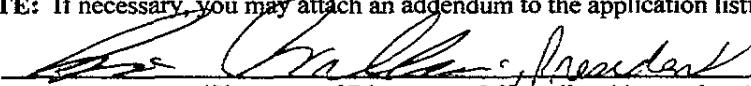
Chairman: Erica Williams  
Address: 1551 San Diego Dr, Dunedin, FL 34698  
  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: ERICA Williams  
Address: 1551 San Diego Dr, Dunedin FL 34698  
  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)
14. Erica Williams  
(Typed or printed name and capacity of person signing application)

# Delaware

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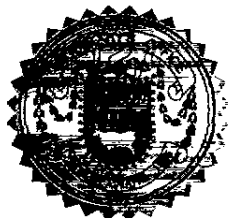
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON HEALTHCARE SUPPLIES, INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2005.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

4027225 8300

050964522

AUTHENTICATION: 4364095

DATE: 12-12-05