

F95000003184

Document Number Only

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

000001528340
-06/30/95--01038--038
*****70.00 *****70.00

000001528340
-06/30/95--01038--038
*****8.75 *****8.75

CORPORATION(S) NAME

Horizon CMS Corporation

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Resurrection | <input type="checkbox"/> Change of N.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Fictitious name filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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 CMS Corporation

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Delaware

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

3. 75-2550785

(FEI number, if applicable)

4. June 9, 1994

(Date of Incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 6001 Indian School Road, NE, Albuquerque, New Mexico 87110

(Current mailing address)

8. Provide respiratory therapy services.

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

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Cindy L. Parrinello
(Registered agent's signature) (Officer)

Cindy L. Parrinello, Special Asst. Secy.

(Type Name and Title of Officer)

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DIVISION OF CORPORATIONS
95 JUN 30 PM 2:45

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Scot Sauder
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Scot Sauder, Secretary

(Typed or printed name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
Horizon CMS Corporation**

1. Neal M. Elliott, President and CEO
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
2. Klemett L. Belt, Jr., Executive Vice President
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
3. Charles H. Gonzales, Sr. VP, Asst. Secretary
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
4. Ernest A. Schofield, Sr. VP, CFO
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
5. Albert Sousa, Vice President of Operations
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
6. Scot Sauder, Secretary and General Counsel
6001 Indian School Road, NE
Albuquerque, New Mexico 87110

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
Horizon CMS Corporation**

1. Neal M. Elliott
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
2. Klemett L. Belt, Jr.
6001 Indian School Road, NE
Albuquerque, New Mexico 87110
3. Charles H. Gonzales
6001 Indian School Road, NE
Albuquerque, New Mexico 87110

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON CMS CORPORATION" 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 SIXTEENTH DAY OF JUNE, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 PM 2:43



Edward J. Freel

Edward J. Freel, Secretary of State

2409444 8300

950133889

AUTHENTICATION:

7541719

DATE:

06-16-95

CT CORPORATION SYSTEM

2010001163105012
11/13/95-01012-003
*****35.00 *****35.00

F95000003184

November 3, 1995

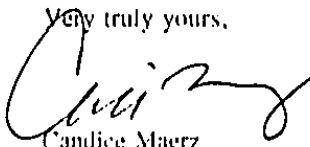
Ladies/Gentlemen:

We enclose for filing the Application by Foreign Corporation to File Amendment to Application for Authorization to Transact Business in Florida on behalf of the below corporation, together with funds in payment of the required fees. This document should be filed as soon as possible.

Evidence of the filing should be returned to this office.

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number: 800-321-9415.

Very truly yours,


Candice Maerz
Customer Specialist

Enclosures

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Via Regular Mail

Re: HORIZON MEDICAL SPECIALTIES, INC.
(FORMERLY KNOWN AS HORIZON CMS CORPORATION)
CT Order #: 399425

TALLAHASSEE, FLORIDA

NOV 14 1995

CT 11 13 95

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

SECTION I (1-3 must be completed)

1. HORIZON CMS CORPORATION
Name of corporation as it appears within the records of the Department of State.
2. Incorporated under laws of: Delaware
3. Date authorized to do business in Florida: July 30, 1995

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

September 29, 1995

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

HORIZON MEDICAL SPECIALTIES, INC.

6. If the amendment changes the period of duration, indicate new period of duration.

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.



Signature
Name and Title
Neal H. Elliott, President

10/1/95

Date

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HORIZON CMS CORPORATION", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HORIZON MEDICAL SPECIALTIES, INC.", THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1995, AT 9 O'CLOCK A.M.




Edward J. Freel, Secretary of State

2409444 8320

950250778

AUTHENTICATION:

7693205

DATE:

10-30-95