

F980000002189

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HORIZON Medical Group, Inc.
(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:

DANIEL HANSEN
(Name of Person)
HORIZON MEDICAL GROUP, INC.
(Firm/Company)
5403 ASHTON CT
(Address)
SARASOTA, FL 34233
(City/State/Zip)

FILED
98 APR 17 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

400002480124--9
-04/06/98--01098--010
*****78.75 *****78.75

ALAN Longwell at (941) 924-5096
(Name of Person) (Area Code & Daytime Telephone Number)

W 98-7689

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

AL APR 17 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 8, 1998

DANIEL HANSEN
HORIZON MEDICAL GROUP, INC.
5403 ASHTON CT.
SARASOTA, FL 34233

SUBJECT: HORIZON MEDICAL GROUP, INC.
Ref. Number: W98000007689

We have received your document for HORIZON MEDICAL GROUP, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

I am returning the certified copy of the certificate of incorporation as this office requires a foreign corporation to submit an original "certificate of existence" issued by the Delaware Secretary of State within the last 90 days. please contact the Delaware Secretary of State at (302) 739-3073 to request such certificate.

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) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 898A00018349

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

FILED
98 APR 17 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned DANIEL HANSEN, do hereby certify
(Name)

that this Resolution of the Board of Directors of HORIZON MEDICAL GROUP, INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of DELAWARE,

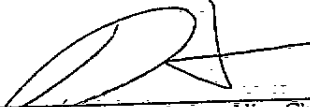
was duly adopted on APRIL 14, 1998.

Be it resolved, that HORIZON MEDICAL GROUP, INC.,
(Corporate Name)

organized and existing in the State of DELAWARE, hereby adopts the name

HORIZON MEDICAL, INC. for use in Florida.

Dated: APRIL 15, 1998


Signature of either Chairman, Vice Chairman or any officer

DANIEL HANSEN
Type or print name

**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 MEDICAL GROUP, INC.
(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. DELEWARE 3. 65-821744
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-6-98 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. FUTURE
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5403 ASHTON CT.
SARASOTA, FL 34233
(Current mailing address)

8. TO ENGAGE IN ANY LAWSUIT ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE
ORGANIZED UNDER THE GENERAL CORPORATION LAW OF DELEWARE
(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 or Mail Drop Box NOT acceptable)

Name: ALAN LONGWELL

Office Address: 5403 ASHTON CT

SARASOTA, Florida, 34233
(Zip code)

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.

Alan Longwell
(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.

FILED
98 APR 17 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: DANIEL HANSEN

Address: 5403 AshTen CT
SARASOTA, FL 34233

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. _____

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

14. DANIEL HANSEN, President

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

FILED
98 APR 17 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MEDICAL GROUP, INC." 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 FOURTEENTH DAY OF APRIL, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

98 APR 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2868173 8300

981141758

A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

9025348

04-14-98