

FA9000025468

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DMD, 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:

ALAN G. LONGWELL

(Name of Person)

HORIZON Medical Group, PNC.

(Firm/Company)

5403 Ashton CT

(Address)

SARASOTA FL 34233

(City/State/Zip)

700003012457--5
-10/12/99-01032-005
*****70.00 *****70.00

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

ALAN LONGWELL

(Name of Person)

at (941) 925-3490

(Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 25 PM 4:00

FILED

~~WAA-23604~~
00855/00310/00011

10/25-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 13, 1999

ALAN G. LONGWELL
HORIZON MEDICAL GROUP, INC.
5403 ASHTON CT.
SARASOTA, FL 34233

SUBJECT: DMD, INC.
Ref. Number: W99000023606

We have received your document for DMD, INC. and your check(s) totaling \$70.00. 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.

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) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 299A0004944

FILED
99 OCT 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. DMD, 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. DELAWARE 3. 65-0937761
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-25-99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10-1-99
(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 lawful act or activity for which corporations may be organized
(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: DANIEL BRANCH

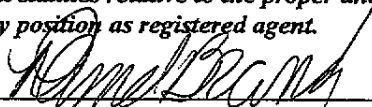
Office Address: 5403 Ashton CT

SARASOTA, Florida, 34233
(Zip code)

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99 OCT 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 BRANCH

Address: 5403 Ashton CT

SARASOTA FL 34233

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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99 OCT 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

13. Daniel Branch

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

14. DANIEL BRANCH President

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

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

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

that this Resolution of the Board of Directors of DMD, INC.

(Corporate Name)

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

was duly adopted on OCTOBER 20, 19 99.

Be it resolved, that DMD, INC.,
(Corporate Name)

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

DMDD, INC. for use in Florida.

Dated: 10/20/99

Daniel Branch
Signature of either Chairman, Vice Chairman or any officer

Daniel Branch
Type or print name

FILED
99 OCT 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMD, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMD, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 1999.

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

FILED
99 OCT 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3061568 8300

991407164

Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

9994596

09-28-99