

M02000002353

G. DAVID JOHNSTON
WILLIAM W. HINESLEY*
WILLIAM T. FLOWERS
R. EUGENE CLENNEY, JR.**

*ALSO ADMITTED IN GEORGIA AND SOUTH CAROLINA
**ALSO ADMITTED IN TEXAS

MAILING ADDRESS:
POST OFFICE BOX 2246
DOTHAN, ALABAMA 36302

(334) 793-1115
FAX (334) 793-6603

September 6, 2002

000007607770--0
-09/09/02--01080--018
*****390.00 *****130.00

Florida Secretary of State
Corporate Division
409 E. Gaines Street
Tallahassee, Florida 32399

VIA FED EX

Re: Application By Foreign Limited Liability Company for
Authorization To Transact Business in Florida

Dear Sir or Madam:

I enclose, for recording in your offices, the original and one copy of the Application By Foreign Limited Liability Company for Authorization To Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office for the following entities

1. Horizon Home Care LLC;
2. Horizon Medical Equipment LLC; and
3. Horizon Health Network LLC.

Also enclosed is our firm's check number No.19739 in the amount of \$390.00 to cover the necessary filing fees. Please return the certificate of status to the undersigned in the enclosed pre-paid Fed Ex mailer.

Please do not hesitate to call should you have any questions.

Very truly yours,

JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.

R. Eugene Clenney, Jr.

REC/lrb

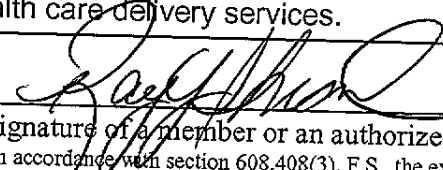
Enclosures

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Horizon Health Network LLC
(Name of foreign limited liability company)
2. Alabama
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied For
(FEI number, if applicable)
4. 8-12-02
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 9-1-02
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2740 Headland Avenue
Dothan, Alabama 36303
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

<u>Ray Shrout</u>	<u>John Edge</u>
<u>2740 Headland Avenue</u>	<u>2740 Headland Avenue</u>
<u>Dothan, Alabama 36303</u>	<u>Dothan, Alabama 36303</u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Management and supervision of health care delivery services.


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ray Shrout

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP - 9 AM 10: 08

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Horizon Health Care Network LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -9 AM 10:08

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dale W. Morris

(Signature)

DALE W. MORRIS
ASSISTANT SECRETARY

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Horizon Health Network LLC organized in the office of the Judge of Probate of Houston County on August 12, 2002. I further certify that the records do not disclose that said Horizon Health Network LLC has been dissolved.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -9 AM 10:08



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 30, 2002

Date

Jim Bennett
Jim Bennett

Secretary of State