

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Horizon Deerfiel.	1 LLC
SUBJECT: HORIZON Deerfiel. (Name of com	omtion - must include suffix)
Dear Sir or Madam:	Ted Liability Company
Limited Limbert	h Company
The enclosed "Application by Foreign Gerperation for	Authorization to Transact Business in Florida"
"Certificate of Existence", and check are submitted to r	——————————————————————————————————————
transact business in Florida.	LLC
Please return all correspondence concerning this matter	to the following 6000028639460
	_UL JUL JUL JUL 11000 MAS
(Name of	/
	·
HORIZON MEDICAL GRO. (Firm/Co	up, Inc
5403 AShTON CT.	
(Add	ress)
S403 AshTon CT. (Addi	33
(City/Sta	tte/Zip)
· •	• *
Should you need to call someone concerning this matte	r, please call:
ALAN G. Longwell at (941) 925-3490
(Name of Person) at (941) (Area	Code & Daytime Telephone Number)
	•
COURIER ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Outliers In E. I. S. IAS G
Division of Corporations	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
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	dd5/s/98348

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

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

ontained in the nar	-				
sdiction under the pany is organized)	UAR < law of which foreign lim	ited liability 3.	65	- 0906334 (FEI number, if appl	icable)
3-/6 (Date of	6-99 FOrganization)	5.	(Duration: Y exist or "per	neTuAL Tear limited liability co petual")	ompany will cease to
4-2 (Date f	7-99 first transacted business in	n Florida. (See s	ections 608.50	1, 608.502, and 317.15	55, F.S.)
tome 540.	3 AshTon CT ASOTA, FL 34233 (LOCATION	1890 W. Hi	Usboro BLU
_	T. C. 2//022			Deerfield	Beach FL 33.
name, title, and	d business address of	each managii	ng member[N	MGRM] or manage	er[MGR]who
name, title, and manage the for NAME &	I business address of reign limited liability & ADDRESS:	each managii company in l	ng member[M Florida: (atta NAME	MGRM] or manage	er[MGR]who
name, title, and manage the for NAME &	I business address of reign limited liability ADDRESS: Tiw T. Karn	each managin company in l TITLE: MGR	ng member[M Florida: (atta NAME	MGRM] or manage ch additional page & ADDRESS:	er[MGR]who if necessary)
name, title, and manage the for NAME & MAR	d business address of reign limited liability ADDRESS: Tim T. Kern AshTon CT	each managin company in l TITLE: MGR	ng member[N Florida: (atta NAME	MGRM] or manage ch additional page & ADDRESS:	er[MGR]who if necessary)
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name, title, and manage the for NAME & MAR	I business address of reign limited liability ADDRESS: Tin T. Karn AshTon CT AsoTh FL 34233	each managin company in h TITLE: MGR	ng member[N Florida: (atta NAME	MGRM] or manage ch additional page & ADDRESS:	er[MGR]who if necessary)

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized repr	esentative of a member of Horizon	
Deepfield, LLC		
1) the above named limited liability compar	ny has at least one member;	
2) the total amount of cash contributed by the	he member(s) is	\$ <u>2,000,000</u> ;
3) if any, the agreed value of property other (A description of the property is attached	than cash contributed by member(s) is and made a part hereto.)	\$ <u> </u>
and 4) the total amount of cash and property comby member(s) is (This total includes amounts from 2 and		\$ <u>2,000,000</u> .
Signature of a member of a member of a final section of affidavit constitutes an affirm stated herein are true.)	or an authorized representative of a men 108.408(3), Florida Statutes, the execution of this 108.408 that the penalties of perjury that the facts	nber.
BARRY STERNE T	yped or printed name of signee	SECRETAINS DE STATE ANN SSEE, FLORIDA
Filing Fee: \$25	0.00 for Application and Affidavi	ť

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 DEERSIELD, LLC	
2. The name and the Florida street address of the registered agent and office at	·e:
DANIEL BRANCH (Name)	99 MAY
S403 AshTon CT Florida street address (P.O. Box NOT ACCEPTABLE)	-5 PH
SARASOTA FL 34233 City/State/Zip	3: 48

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.

Samul Stand (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

PAGE :

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HORIZON DEERFIELD, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON

DEERFIELD, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D.

1999.

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

99 MAY -5 PH 3: 48
SECRED STATE
SECRED SEE, FLORID



Edward J. Freel, Secretary of State

AUTHENTICATION:

...9630641

991101.649

3017082 -- 8300-

DATE:

03-16-99