

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: HORIZON FORT LAU derda (Name of con	position - must include suffix) more Liability company	
Dear Sir or Madam: Limited Liability The enclosed "Application by Foreign Geoperation for "Certificate of Existence", and check are submitted to	or Authorization to Transact Business in Florida", o register the above referenced foreign corporation	1- to
transact business in Florida.		
Please return all correspondence concerning this material and the second of the second	tter to the following: 70002863: -05/05/99-0 e of Person)	
HORIZON MEDICAL G.	/Company)	n nam ligg
5403 AshTon CT	Address)	
SARASOTA, FL 3	4233 y/State/Zip)	· · · · · · · · · · · · · · · · · · ·
Should you need to call someone concerning this r		
ALAN G. Longwell at (9) (Name of Person)	(Area Code & Daytime Telephone Number)	TINE TO
COURIER ADDRESS:	MAILING ADDRESS:	- ω
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32399	Tallahassee, FL 32314	

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:

1. HORIZON FORT LAUDERDALE EX (Name of foreign limited liability company must end with	1-8T,	LLC	
(Name of foreign limited liability company must end wit so contained in the name at present.)	h the ẃo	ords "limited company" or their abbreviation "L.C." if not	
2. Delaware	3.	65-0903467	
2. Delawage (Jurisdiction under the law of which foreign limited liabi company is organized)	lity	(FEI number, if applicable)	
4	<u>5</u>	(Duration: Year limited liability company will cease to	
		exist of perpetual)	
6. 4-27-99 (Date first transacted business in Florida.			
(Date first transacted business in Florida.	(See se	ections 608.501, 608.502, and 317.155, F.S.)	
7. TOME OFFICE 5403 AShTon CT		LOCATION 5100 N. FEDERAL Huy ST	E,102
SARASOTA F-L 34233		LOCATION 5100 N. FedeRAL Hwy ST FORT LAU depdale, FL, 3330 principal office)	08
(Street add	dress of	principal office)	•
8. List name, title, and business address of each mawill manage the foreign limited liability comparation. NAME & ADDRESS: TITLE	ıy in Fl	lorida: (attach additional page if necessary) NAME & ADDRESS: TITLE:	
MARTIN J. KERW MG	17		
5403 AshTon CT		E E	
SARASOTA FL, 34233		-5 PR	
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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 representative of a member of HORIZON FO	PRT
LAUderdale EAST, LLC certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ 2,000,000;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>2,600,006 </u>
Signature of member or an authorized representative of a member (in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	oer.
BARRY STERN BERG Typed or printed name of signee	-
Typed or printed name of signee	SECRETATION OF STATE

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.

The name of the Limited Liability Company is:	
HORIZON FUET LAUDERDALE EAST, LLC	
2. The name and the Florida street address of the registered agent and office are:	
DANIEL BRANCH (Name)	
(Name)	
S403 AshTow CT Florida street address (P.O. Box NOT ACCEPTABLE)	
Florida street address (P.O. Box NOT ACCEPTABLE)	-
SARASO7A FI. 74233	
SARASO/A FL 34233 City/State/Zip	-
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pr	ment as ovisions of al
statutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent.	lr with and
Manufacture)	AY -5 PM 4: 13 AN -5 PM 4: 13 AN AN SSEE, FLORIDA

Filing Fee: \$ 35 for Designation of Registered Agent

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 "HORIZON FORT LAUDERDALE EAST, 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 FORT LAUDERDALE EAST, 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.

TALLATINSSEE FLORIBA

Edward J. Freel, Secretary of State

AUTHENTICATION:

9630631

991101646

DATE:

03-16-99