# 9900001657

#### TRANSMITTAL LETTER

Qualification/Tax Lien Section

To:

|         | Division of Corporations                                                                     |                                             |                                   |
|---------|----------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| *       | SUBJECT: HORIZON JAcksonville                                                                | VORTH , LLC -                               |                                   |
|         | (Name of c <del>or</del>                                                                     | <del>peratio</del> n - must include suffix) |                                   |
|         | ·                                                                                            | Ted Liability Company                       |                                   |
|         | Dear Sir or Madam:                                                                           | •                                           |                                   |
|         | Limited Liabili The enclosed "Application by Foreign Geoperation for                         | H Company  Authorization to Transact Rusine | es in Florido"                    |
|         | "Certificate of Existence", and check are submitted to                                       |                                             |                                   |
|         | transact business in Florida.                                                                |                                             | LLC                               |
|         | Please return all correspondence concerning this matte                                       | r to the following:                         | - · · -                           |
|         | ALAN G. Longwell (Name o                                                                     | 1                                           |                                   |
|         | (Name o                                                                                      | f Person)                                   | 1 VEC 999                         |
|         | 11 11 11                                                                                     |                                             | AH,                               |
| Α.      | HORIZON MEDICAL GRO                                                                          |                                             | - SS                              |
| Mana    | VIN ON I'LL GAVE 1/1/2                                                                       | ompany)                                     | F. 19                             |
|         | IZATION BY PHONE TO 3 ASLTON CT.                                                             | -                                           | FILED<br>TIP MI<br>ARY OF STA     |
| CORREC  |                                                                                              | iress)                                      |                                   |
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| DATE    | )-70-99 SARASOTA, FL 342<br><b>AM.</b> JB (City/St                                           | 133                                         |                                   |
| DOC. EX | (City/St                                                                                     |                                             | mara mare a si                    |
|         |                                                                                              |                                             | 3 <b>0124514</b><br>12/9901032003 |
|         | Should you need to call someone concerning this matter, please call: *****285.00 *****125.00 |                                             |                                   |
| •       | · · · · · · · · · · · · · · · · · · ·                                                        | , p. 100000 00000                           |                                   |
|         | 17 6 7                                                                                       |                                             |                                   |
| •       | ALAN G. Longwell at (941) 925-3490 (Name of Person) (Area Code & Daytime Telephone Number)   |                                             |                                   |
|         | (Name of Person) (Area                                                                       | a Code & Daytime Telephone Nun              | nber)                             |
|         |                                                                                              |                                             |                                   |
|         |                                                                                              |                                             |                                   |
|         | COURIER ADDRESS:                                                                             | MAILING ADDRESS:                            | ***                               |
|         |                                                                                              |                                             |                                   |
|         | Qualification/Tax Lien Section                                                               | Qualification/Tax Lien Section              |                                   |
|         | Division of Corporations 409 E. Gaines St.                                                   | Division of Corporations                    |                                   |
|         | Tallahassee, FL 32399                                                                        | P.O. Box 6327<br>Tallahassee, FL 32314      |                                   |
|         | W99-23621                                                                                    | 1 manassoc, 115 52514                       |                                   |
|         | Walter                                                                                       |                                             |                                   |
|         | 00189/02837/02827/02766                                                                      | 0/00L071                                    |                                   |
|         | 1 / /                                                                                        | •                                           | NO                                |
|         |                                                                                              |                                             | \$-20-99                          |
|         | •                                                                                            |                                             | 4500 ·                            |
|         |                                                                                              |                                             | 10                                |



## 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: HORIZON JACKSONVILLE NORTH, LLC

Ref. Number: W99000023621

We have received your document for HORIZON JACKSONVILLE NORTH, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please complete and sign the enclosed application for refund, and return it to my personal and confidential attention at the address below.

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: 799A00049472



## 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: HORIZON TACKSONUILLE NORTH LL C. (Name of foreign limited liability company) DeLawars

(Jurisdiction under the law of which foreign limited liability

(FEI number, if applicable) company is organized) 4. <u>7-26-99</u> (Date of Organization) 6. 12-6-99
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. MILLING 5403 ASTON CT WINLIPAY 6349 BEACH BLUS. STE 1-A

SARASOTA FL 34233

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: 5403 AshTon CT SARASOTA FL 34233 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: \_\_\_OFEN MRT CENTER Signature of a member or an authorized representative of a member. (In accordance with section 603 408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) MARTIN J. KERN

Typed or printed name of signee

## 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 JACKSONUILLE NORTH LLC                                                                               |
| TIORIZON VACINSONVITTE TVORIN LLC                                                                            |
| 2. The name and the Florida street address of the registered agent and office are:                           |
| DANIEL BRANCH                                                                                                |
| (Name)                                                                                                       |
| 5403 AshTon CT                                                                                               |
| Florida street address (P.O. Box NOT ACCEPTABLE)                                                             |
|                                                                                                              |
| SARASOTA FL 34233 City/State/Zip                                                                             |
| City/State/Zip                                                                                               |
| 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                           |
| Admillianis                                                                                                  |
| (Signature)                                                                                                  |
| ASS ASS                                                                                                      |
| \$ 100.00 Filing Fee for Application                                                                         |

**Designation of Registered Agent** 

Certificate of Status (optional)

**Certified Copy (optional)** 

25.00

30.00 5.00

#### 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 JACKSONVILLE NORTH, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D.

1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HÖRIZON

JACKSONVILLE NORTH, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF

JULY, A.D. 1999.

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

99 OCT 19 AM 8: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND SHOP OF THE PROPERTY OF TH

Edward J. Freel, Secretary of State

3074583 8300

AUTHENTICATION:

994595

991407162