

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036487

1. Corporation Name

Horizon Medical Centre, Inc.

2. Principal Office Address

3. Mailing Office Address

1770 NE Miami Gardens Dr.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N Miami Beach FL.

Zip

Country

Zip

Country

33179

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-1-01

5. FEI Number

65-1095542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A Lieberman

Street Address (P.O. Box Number is Not Acceptable)

16211 NE 18 Avenue

Suite, Apt. #, Etc.

City

N Miami Beach, FL 33162

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-25-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Nidal Rodman, MD	1770 NE Miami Gardens Dr	N Miami Bch, FL 33179
VD	Waddah Alif, MD	1770 NE Miami Gardens Dr	N Miami Bch, FL 33179

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nidal B Rodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02 (305) 948-8900

# FREISTAT & LIEBMAN

Certified Public Accountants, LLC

16211 N.E. 18th Avenue • North Miami Beach, Florida 33162 • (305) 945-4151 • Telecopier 945-1215

Warren Freistat, C.P.A.  
Mark A. Liebman, C.P.A.

Members:  
American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants

November 12, 2002

Florida Department of State  
Division of Corporations – Reinstatements  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Horizon Medical Center, Inc.  
65-1095542

Dear Sir or Madam:

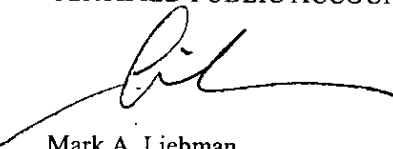
Although our initial letter did not make direct reference to not receiving previous Uniform Business Reports, the fact is they were not received by the above referenced corporation. This is evidenced by the copy used for reinstatement, as those filings (including notice of dissolution) were never received. Our original letter only implied "non-receipt" as the corporation discovered a problem existed from a third party. However, they never received any of the original filings, including those related to dissolution.

Again, please accept their \$150.00 check as full payment for reinstatement.

Thank you again for your attention to this matter.

Sincerely,

FREISTAT & LIEBMAN  
CERTIFIED PUBLIC ACCOUNTANTS, LLC



Mark A. Liebman  
Certified Public Accountant

MAL:bf  
Enclosure