P9700000 3502

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RJECT: 4	ORIZON MEDICAL CON (Proposed corpor	ate name - must include suff	-	_
		40	0000205 10 -01/08/970 ******70.00	1094002
closed is an or iginal a	and one(1) copy of the article	s of incorporation and a c	check for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED]
FROM:	LISA A. THALIN Name (Printe	cd or typed)		
	1803 N.W. 80th A		TALL	97
	Addı		AHAS	-
	MARGATE, FL 3306 City, Stat			8 AH 9
	954-979-1847		LORI	ें इं

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION

TALLAN AN 9:45
the Florida Business

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HORIZON MEDICAL CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1803 N.W. 80th Avenue Margate, fl 33063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Lisa A. Thalin 1803 N.W. 80th Avenue Margate, FL 33063

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LISA THALIN 1803 N.W. 80th AVENUE MARGATE, FL 33063

The undersigned incorporator(s) has(have) executed these Articles of Incorporation th
lst day of January , 19 97 .
(An additional article must be added if an effective date is requested.)
Lisa al Malin Physiden
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is HORIZON MEDICAL CONSULTANTS. INC.	- .
2.	The name and address of the registered agent and office is:	-
	LISA A THALIN (NAME)	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	1. g. 45
	MARGATE, FL 33053 (CITY/STATE/ZIP)	.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Just Charling 1/1/97
(SIGNATURE) (DATE)