PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 10 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V17850

1. Corporation Name
Horizon Medical Group, P.A.

2. Principal Office Address	3. Mailing Office Address
13505 S. Indian River Drive	13505 S. Indian River Drive
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Jensen Beach, Florida	City & State: Jensen Beach, Florida
Zip: 34957 Country: USA	Zip: 34957 Country: USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida: 3/2/92

5. FEI Number: 593110407 ☐ 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: Stephen Navaretta

Street Address (P.O. Box Number is Not Acceptable): 1100 St. Lucie West Boulevard, Suite 203

Suite, Apt. #, Etc.: 203

City: Port St. Lucie State: FL Zip Code: 34986

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 _____ Date: 12/5/01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	Christy D. Cugini, Jr., M.D.	13505 S. Indian River Drive #203	Jensen Beach, FL 34957
			LS
			800004717778--9

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: _____ CHRISTY D. CUGINI, JR., M.D. (561) 335-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

ACCOUNT NO. : 072100000032

REFERENCE : ~~295755~~ 81823A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $~~758.75~~ 908.75

ORDER DATE : December 10, 2001

ORDER TIME : 2:08 PM

ORDER NO. : 295755-005

CUSTOMER NO: 81823A

RESUBMIT
Please give original submission date as file date.

CUSTOMER: Stephen Navaretta, Esq
Navaretta & Navaretta
Suite 203
1100 Sw St. Lucie West Blvd
Port St. Lucie, FL 34986

DOMESTIC FILINGS

RECEIVED
01 DEC 10 PM 3:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: HORIZON MEDICAL GROUP, P.A.

XX___ REINSTATEMENT

RECEIVED
01 DEC 11 PM 1:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____